

# STATE OF THE COMMUNITY'S HEALTH EXECUTIVE SUMMARY Greene County, Missouri 2004

*Funded by a grant from:*

The Missouri Foundation for Health

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“A journey of a thousand miles must begin with a single step.”  
Lao-tzu

“Now, I say to you today my friends, even though we face the difficulties of today and tomorrow, I still have a dream. It is a dream deeply rooted in the American dream. I have a dream that one day this nation will rise up and live out the true meaning of its creed: 'We hold these truths to be self-evident, that all men are created equal.' ”

Martin Luther King Jr.

“There are risks and costs to a program of action. But they are far less than the long-range risks and costs of comfortable inaction.”

John F. Kennedy

“It is not fair to ask of others what you are unwilling to do yourself.”

Eleanor Roosevelt

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The Missouri Foundation for Health

## FOREWORD

The state of the community's health consists of more than the mere presence or absence of disease. Many social, economic, environmental, and lifestyle behavior factors present in Greene County contribute to the health status of residents and visitors. Because of this, it is important to periodically assess the current health status and disease trends that have developed over time. The collection, analysis, and dissemination of health data are critical to the improvement of public health. This process helps to identify issues and problems in the community so a better understanding of what is occurring can be obtained. The community health assessment process is a vital component of public health efforts that contribute to a healthy community by guiding strategic planning.

This community health assessment is an extension of the first *State of the Community's Health* report completed in 1996 by the Springfield-Greene County Health Department. The initial work provided the foundation for many programs and initiatives in the community. Since 1996, the health department has published annual community health report cards. In 2002, a larger environmental health assessment was published which has been followed by an annual environmental health report card. The 2004 community health assessment was completed through the collection and analysis of secondary data collected by many federal, state, and local agencies. Additionally, an original countywide survey, which focused on behavioral risk factors, was conducted during the spring of 2004. This community health survey helped to partially alleviate the lack of available county-specific data. However, health data for many issues facing our community continues to be fragmented and difficult to obtain.

This report represents the initial step in assessing the community's health. Community leaders, organizations, and planners will begin to discuss issues raised by the information presented in order to prioritize those issues that should be addressed and to identify needed tasks. In addition, the residents of Greene County should review this information so that suggestions for improvement can be made and comments can be shared with the Springfield-Greene County Health Department.

Each of the chapters in this assessment begins with a "Did You Know?" section that provides quick facts and figures pertaining to the material presented in the chapter. At the end of each chapter, a reference sheet of data sources is provided for further examination of issues. Additionally, there are other resources on our website including a bulletin board where we hope community dialogue and discussion on these issues will take place.

The easy part of this process is completing the initial assessment document. The more difficult part of the process is putting this data to work and addressing the health disparities and burdens that affect our community. Fortunately, this process is also the most rewarding. It is a credit to this community that we have a heritage of collaboration and innovation when it comes to addressing health related problems. I have every confidence that the next decade will see our community continue in that tradition. We believe that through hard work and dedication there are no limits to what our community can do.

Kevin S. Gipson  
Director, Springfield-Greene County Health Department.

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“Do not go where the path may lead, go instead where there is no path and leave a trail. “

Ralph Waldo Emerson

## **Methodology**

This community health assessment is an extension of the 1996 health assessment completed by the Springfield-Greene County Health Department. The initial work provided the foundation for many programs and initiatives in the community. Since 1996, the health department has published annual community health and environmental report cards. In 2002, a larger environmental health assessment was published. The 2004 community health assessment was completed using a combination of secondary data collected routinely by many agencies, as well as an original survey. The countywide survey was conducted in the spring of 2004 and focused on behavioral risk factors and health issues related to the prevention of chronic diseases.

Many different data sources were utilized during the compilation of this report. Every effort was made to guarantee the accuracy and completeness of the data presented. However, it is important to realize that data accuracy is dependent on reporting and recording practices of county and state agencies, as well as individuals. If discrepancies were suspected during the data collection process, cross-references between multiple reports were conducted.

The data obtained from the Missouri Department of Health and Senior Services (DHSS) was retrieved through their interactive online databases, Missouri Information for Community Assessment (MICA) and Community Data Profiles. Other DHSS sources included the annual publications of Missouri vital statistics and annual epidemiology reports. Socioeconomic and demographic data from the U.S. Census Bureau was also retrieved through an online database.

During the collection of data, the reporting and methodological procedures used by the various agencies were reviewed to ensure that comparisons drawn between data were accurate. Methodological issues that were accounted for included: population definitions, data collection and reporting methodology, sources of data sets, and rate calculation. Rate calculations for county data utilized the same methodology as reported by the Missouri Department of Health and Senior Services. Where data sets would have produced unstable rates, the actual numbers of cases for the county were reported. During the editing process, vague presentations of data were clarified, reformatted, or removed.

Qualitative data was collected through interviews and reviews of material submitted by responding agencies or groups. Focus group material was compiled through meeting notes and feedback from the group members. Great efforts were made to ensure the accurate and unbiased presentation of data.

“Men occasionally stumble over the truth, but most of them pick themselves up and hurry off as if nothing ever happened.”

Sir Winston Churchill

“It does not matter how slowly you go so long as you do not stop.”

Confucius

“When you learn, teach. When you get, give.”

Maya Angelou

“If you don't know where you are going, you will probably end up somewhere else.”

Laurence J. Peter



## ***Chapter 1: Demographics***

From 1990 to 2000, Greene County recorded a 15.6% increase in total population. This resulted in the county's population reaching 240,391 and Springfield's population reaching 151,576. Within the population, many demographic changes have occurred as well. This is important because the overall health of the community can be influenced by certain population characteristics, such as age and poverty. Reviewing these changes is necessary to gain a better understanding of the community. Planning for the future will require an increased focus on trends, target populations, and disparate groups so everyone in the county can benefit.

- Greene County has experienced rates of growth that have surpassed the state average, with growth of 12.2% from 1980 to 1990 and 15.6% from 1990 to 2000 resulting in a population increase of 55,089 since the 1980 census.
- Population projections estimate that the population of Greene County will increase to over 263,000 residents by 2010 representing a 9.8% increase, which is modest compared to what occurred in Greene County each decade for the past 50 years.

**Table 1**

<b>City Population Data-Greene County, 1970-2000</b>						
<b>City</b>	<b>Population</b>				<b>Number Change</b>	<b>% Change</b>
	<b>1970</b>	<b>1980</b>	<b>1990</b>	<b>2000</b>	<b>1990-2000</b>	<b>1990-2000</b>
Ash Grove	934	1,157	1,128	1,430	302	26.8
Battlefield	-	1,227	1,526	2,385	859	56.3
Brookline	247	211	283	326	43	15.2
Fair Grove	431	863	919	1,107	188	20.5
Republic	2,411	4,485	6,292	8,438	2,146	34.1
Rogersville	-	751	987	1,508	521	52.8
Springfield	120,096	133,116	140,494	151,156	10,662	7.6
Strafford	491	1,121	1,166	1,845	679	58.2
Walnut Grove	442	504	549	630	81	14.8
Willard	1,018	1,799	2,177	3,193	1,016	46.7

Source: U.S. Census Bureau, 2000

- The most significant percent increase in population has occurred with Hispanic/Latino groups with a population increase of 149.8%.
- If the Hispanic/Latino and African American/Black populations continue to grow at rates seen during the 1990's, by 2010:
  - The Hispanic/Latino population in Greene County would number over 11,000.
  - The African American/Black population would increase in number to over 7,800.
  - The non-White population would comprise over 10% of the total population.

Table 2

Percentage of Ethnic and Racial Groups in Total Population-Greene County, 2000						
	White	African American/Black	Hispanic /Latino	Native American/Alaskan Native	Asian, Pacific Islander	Other
Greene	92.5	2.3	1.8	0.7	1.2	0.7
Missouri	83.8	11.2	2.1	0.4	1.2	0.8

Source: U.S. Census Bureau, 2000

Table 3

Age Composition of Population-Greene County and Missouri, 2000							
		Percentage in Age Range					
	Total Number	<18	18-34	35-54	55-64	65 and Over	Median Age
Greene	240,391	22.3	27.6	28.0	8.6	13.6	35.1
Missouri	5,595,211	25.5	22.8	29.1	9.1	13.5	36.1

Source: U.S. Census Bureau, 2000

- Householders over 65 years of age represent 9.7% of total households.
- Single mothers with children represent 6.1% of county households.
- There were 35,877 commuters from surrounding counties who worked in Greene County in 2000.

Table 4

Number of Workers Commuting to Greene County, 2000	
County	Number
Barry	451
Christian	15,188
Dade	763
Dallas	1,846
Douglas	531
Hickory	300
Laclede	630
Lawrence	2,575
Polk	3,499
Stone	1,564
Taney	573
Webster	6,287
Wright	697
Other Counties (Barton, Camden, Cedar, Howell, Newton, Oregon, Ozark, St. Clair, Shannon, Texas)	973
<b>Total</b>	<b>35,877</b>

Source: U.S. Census Bureau, 2000

## Chapter 2: Socioeconomic Issues

Data concerning the connection between economics and health has shown that people in the lower economic strata usually experience more negative health consequences. Families in poverty have traditionally had less access to routine health care, less nutritious diets, and other lifestyle components that negatively affect health.

- Greene County had a larger increase in per capita income since 1990 compared to the state average.
- The majority of the population reported incomes above \$20,000, with most residents reporting incomes between \$10,000 and \$50,000, while 26.7% of the population had incomes below \$20,000.

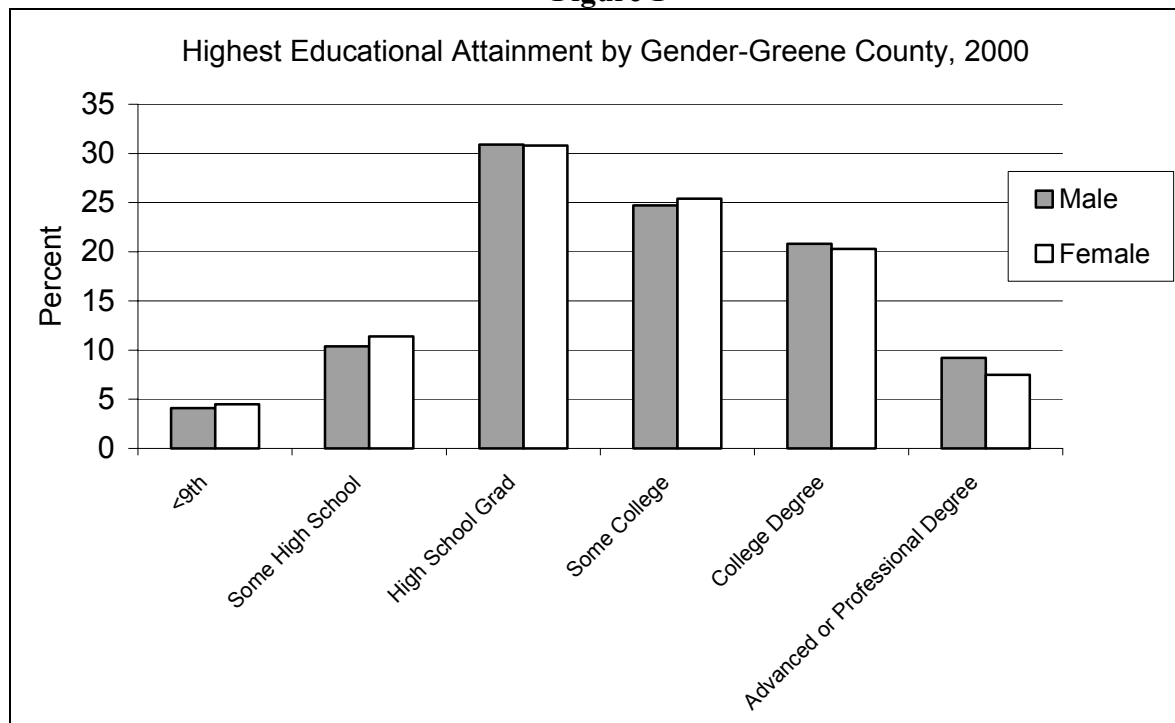
**Table 5**

<b>Percent of Population in Income Ranges-Greene County and Missouri, 1999</b>					
	<b>Less Than \$10,000</b>	<b>\$10,000 to \$14,999</b>	<b>\$15,000 to \$19,999</b>	<b>\$20,000 to \$49,999</b>	<b>\$50,000 or More</b>
Greene	10.1	8.1	8.5	42.7	30.6
Missouri	10.1	7.0	7.1	39.3	36.5

Source: U.S. Census Bureau, 2000

- The reported highest educational attainment of county residents over the age of 25 was higher than the state average.

**Figure 1**



Source: U.S. Census Bureau, 2000

- Females have a lower representation in the workforce, comprising 44.7% of workers. The percent of females between 60 and 70 years of age working (32.0%) is higher than the state average (30.5%).
- 7.6% of all families were living at or below federal poverty levels in 2000.

**Table 6**

<b>Families Below Poverty-Greene County, 2000</b>		
<b>Total Families</b>	<b>Families Below Poverty</b>	<b>Percent of Families Below Poverty</b>
62,147	4,716	7.6%

Source: U.S. Census Bureau, 2000

- Female-headed households, without a husband present, represented 45.8% of all families living in poverty.
- 59% of the children living in poverty were in female-headed households.
- Of all female-headed family households without a husband present: 25% were living in poverty, and 37% of female-headed family households with children were living in poverty.
- 27,630 residents, or 12.1% of the population, are living below 100% of the federal poverty levels.

**Table 7**

<b>Ratio of Income to Poverty Level-Greene County, 2000</b>			
<b>Ratio of Poverty Levels</b>	<b>Greene County</b>	<b>Percent of Population</b>	<b>Cumulative Frequencies</b>
Under .50	10,976	4.8	4.8
.50 to .74	7,546	3.3	8.1
.75 to .99	9,108	4.0	12.1
1.00 to 1.24	10,321	4.5	16.6
1.25 to 1.49	12,860	5.6	22.2
1.50 to 1.74	12,329	5.4	27.6
1.75 to 1.84	5,238	2.3	29.9
1.85 to 1.99	6,511	2.8	32.7
2.00 and Over	153,953	67.3	100.0
Total:	228,842	100	

Source: U.S. Census Bureau, 2000

- Greene County's unemployment rate of 4% during 2002 was the highest it has been since 1993.
- Disabled workers represented 6.4% of the population 16 to 64 years of age in Greene County, or 14,296 residents in 2000.

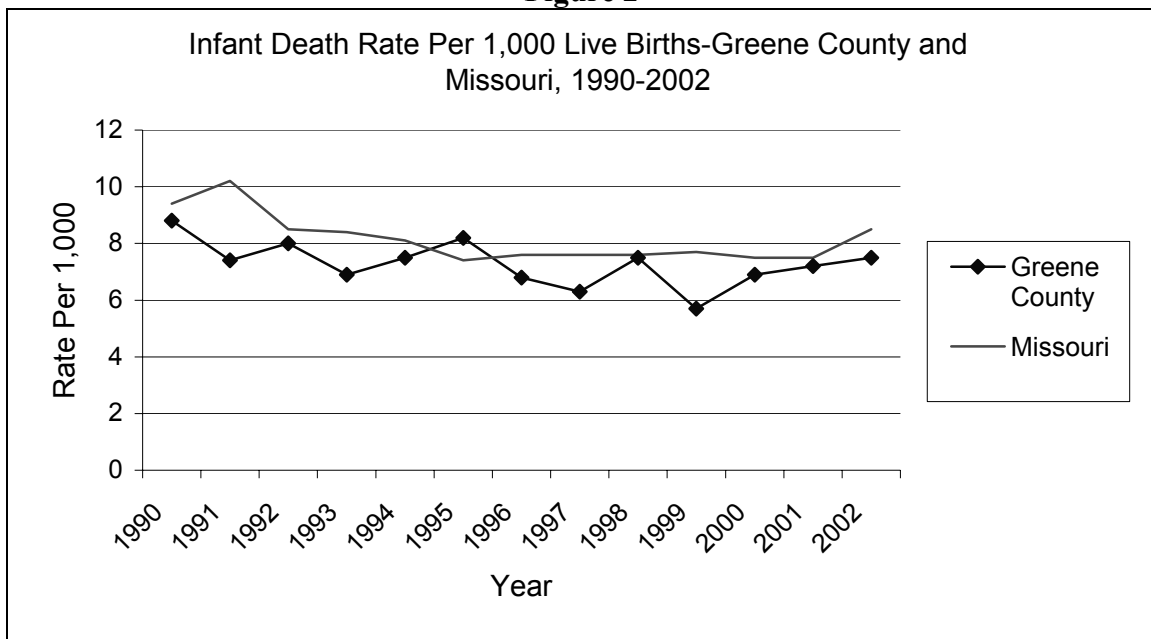
- Within Greene County, 490 residences lacked complete plumbing facilities and 835 lacked complete kitchen facilities in the year 2000.

### ***Chapter 3: Maternal and Child Health***

Maternal and child health issues are of great importance as healthier mothers, infants, and children contribute to the continued overall health of the community. Infants and children who are exposed to alcohol, tobacco, child abuse, and poor nutrition may develop detrimental health conditions such as asthma, diabetes, and obesity early in life.

- The birth rate for Greene County indicates an overall decreasing trend from 13.5 births per 1,000 in 1990 to 12.7 in 2002.
- Infant death rates for Greene County and Missouri decreased from 1990 to 2001, with a slight increase over the previous year during 2002.

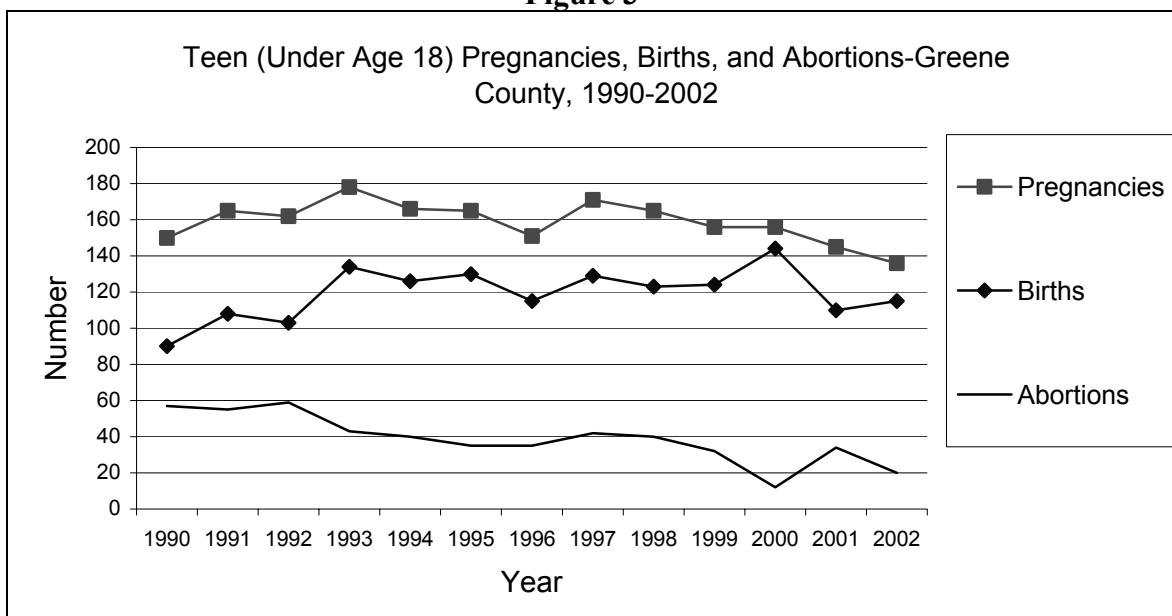
**Figure 2**



Source: Missouri Department of Health and Senior Services

- 25% of teen pregnancies, under the age of 18, resulted in abortion from 1990 to 2002.

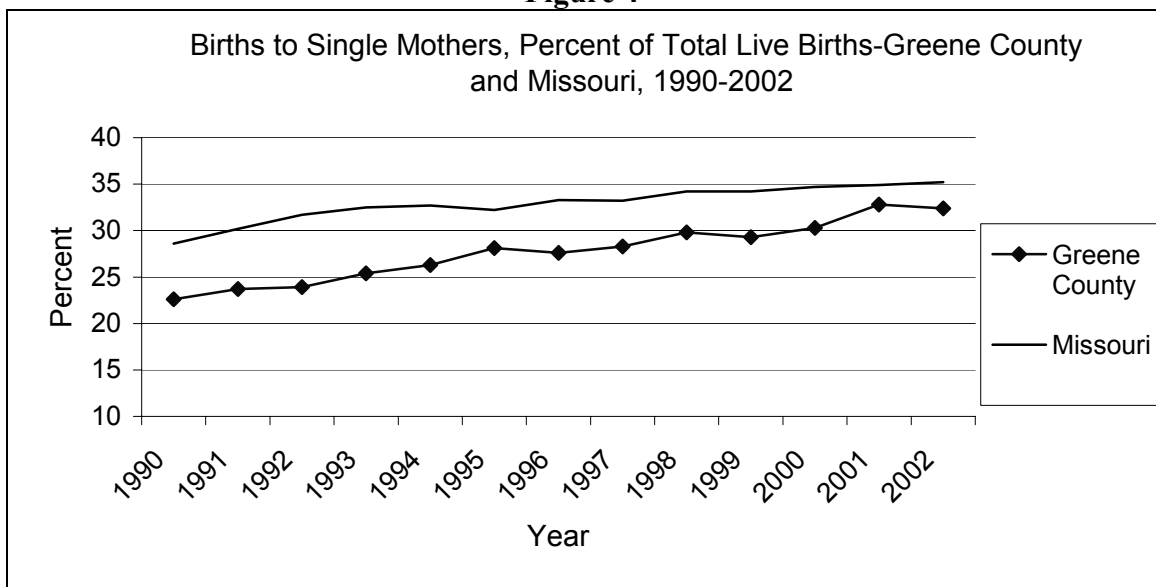
**Figure 3**



Source: Missouri Department of Health and Senior Services

- 19.2% of new mothers in Greene County reported smoking during pregnancy in 2002.
- Of the expectant mothers participating in the Women, Infants, and Children (WIC) program, 29.5% reported having smoked tobacco in 2002.
- Births to unmarried mothers have increased in Greene County since 1990 with 32.4% of total births in 2002 attributed to unwed mothers.

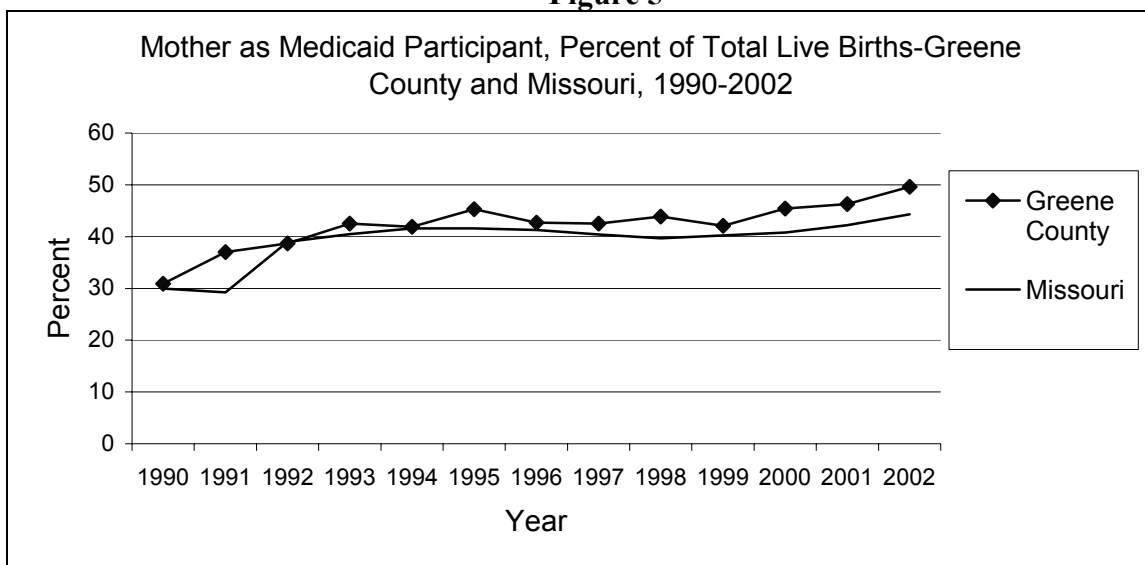
**Figure 4**



Source: Missouri Department of Health and Senior Services

- The proportion of new mothers on Medicaid increased to 49.6% in 2002.

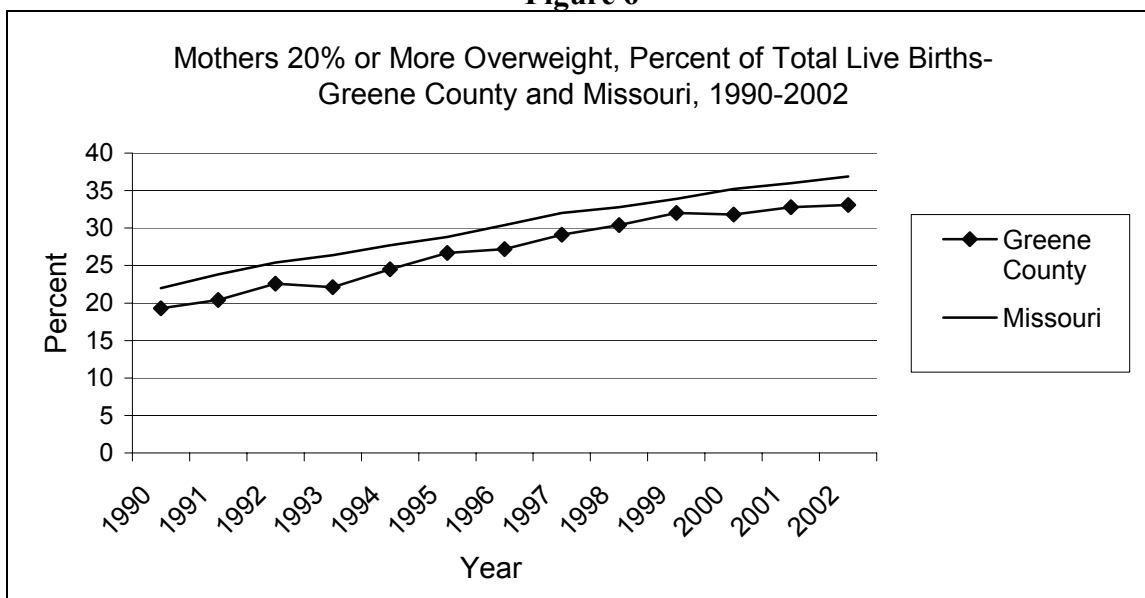
**Figure 5**



Source: Missouri Department of Health and Senior Services

- The percent of overweight mothers in Greene County increased to 33.1% in 2002.

**Figure 6**

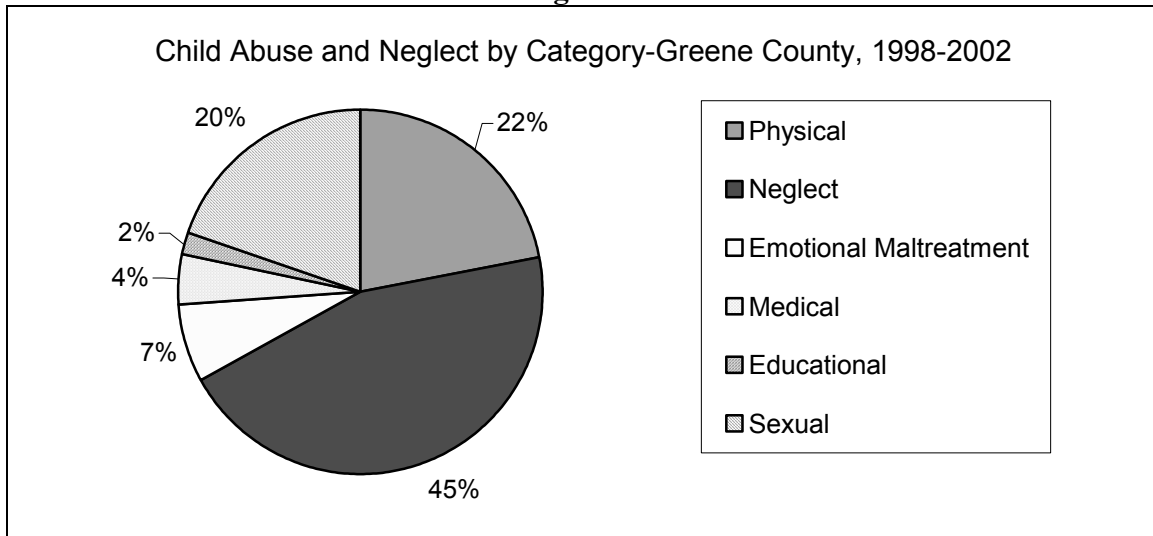


Source: Missouri Department of Health and Senior Services

- Prenatal care was started in the first trimester in 88.2% of live births with no prenatal care reported in 0.5% of births in 2002.
- 92.2% of the children in public clinics in Greene County were immunized as compared to the Missouri average of 77.8% in 2002.
- 34% of the students in county school districts were eligible to enroll in the free and reduced lunch program during the 2002-2003 school year.

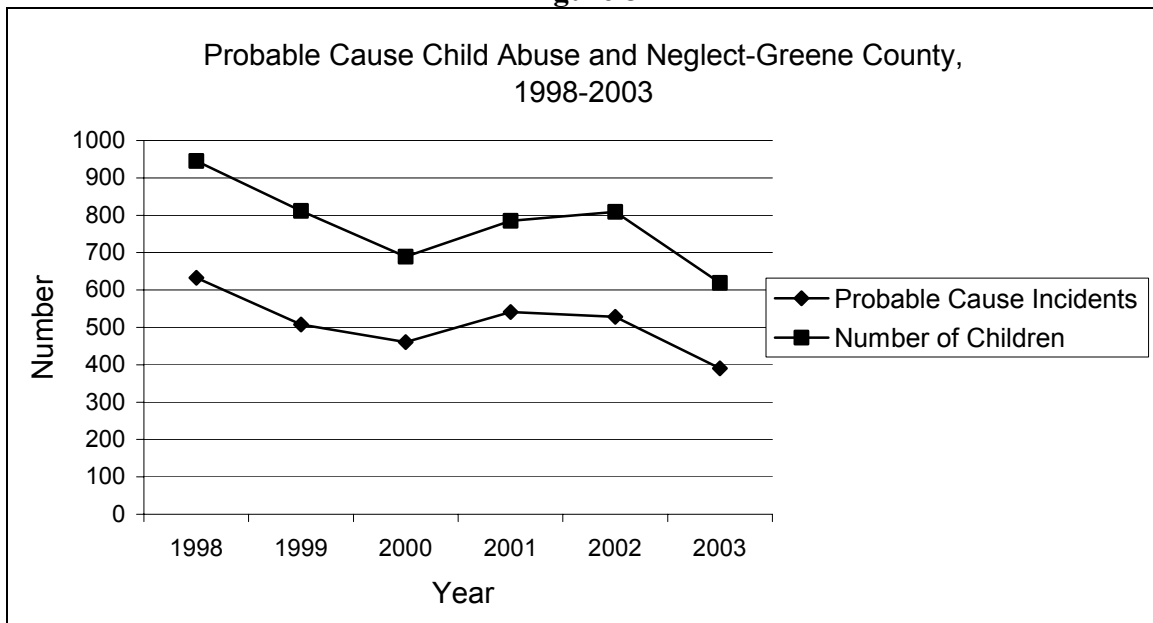
- An increasing number of children are receiving treatment for serious emotional disorders in Greene County, with 1,983 children being treated in 2002.
- Most of the reported child abuse and neglect incidents in Greene County from 1998 to 2002 involved issues of neglect (45%, n= 718) with the second most prevalent type of abuse being physical (22%, n=352), followed by sexual abuse (20%, n=316).

**Figure 7**



Source: Missouri Department of Social Services

**Figure 8**



Source: Missouri Department of Social Services



Important Maternal and Birth Characteristics are presented below in Table 8, and the impact that educational attainment has on important health and birth indicators is shown in Table 9.

**Table 8**

<b>Maternal and Birth Characteristics as Percentages of Total Births- Greene County, Six-Year Means and 2002 Values</b>			
	<b>1990-1995</b>	<b>1996-2001</b>	<b>2002</b>
Births to Mothers Under 18	3.9	4.2	3.7
Expectant Mothers Smoking	21.6	19.2	19.2
Maternal Alcohol Consumption	0.8	0.5	0.6
Out-of-Wedlock Birth Rate	25.0	29.7	32.4
Low Birth Weight	7.0	6.8	6.4
Mother as Medicaid Participant	39.4	43.8	49.6
Child Spacing Less Than 18 Months	11.9	10.6	10.6
Mother as Medicaid and WIC Participant	30.9	33.4	38.4
No Prenatal Care	1.3	0.7	0.5
Number of Abortions	700	542	435
Rate of Abortion Per 1,000 Live Births	239.5	175.4	141.1

Source: Missouri Department of Health and Senior Services

**Table 9**

<b>Influence of Educational Attainment on Birth Characteristics-Greene County, 1998-2001</b>					
	<b>Educational Attainment</b>				
	<b>&lt;12 Years</b>	<b>12 Years</b>	<b>Some Post Secondary</b>	<b>4 or More Years of Post Secondary Education</b>	<b>All Mothers</b>
Married (Number)	733	2,389	2,440	3,084	8,646
Not Married (Number)	1,451	1,467	696	169	3,783
<b>Rates Per 100</b>					
Smoked During Pregnancy	45.1	24.9	11.7	2.5	19.2
Spacing Less Than 18 Mo	18.8	11.8	8.0	6.3	10.7
Mother's Weight Gain >44lbs	26.5	21.8	18.9	14.7	20.0
Mother on Medicaid	85.7	58	35.5	9.3	44.4
Mother More Than 20% Overweight For Height	27.8	34.4	35.9	27.3	31.8
Mother on WIC	72.3	52.2	35.3	11.1	40.7
Low Birth Weight and Full-Term Births (>37 Wks Gestation)	5.7	2.9	1.9	1.7	2.8
Inadequate Pre-Natal Care	14.0	7.7	4.7	1.9	6.6
4 or More Prior Births	4.5	3.5	2.7	1.4	2.9
No Prenatal Care	1.1	0.8	0.4	0.2	0.6
Normal Birth Weights	88.5	91.2	92.4	93.1	91.5
Prenatal Care Began First Trimester	77.4	87.3	91.8	96.5	89.1

Source: Missouri Department of Health and Senior Services

Table 10 reflects the number and type of childcare facilities in Greene County.

**Table 10**

<b>Child Care Facilities-Greene County, February 2004</b>	
	<b>Number</b>
Licensed Homes	67
Group Homes	6
Licensed Centers	106
Exempt Homes	40
Licensed Exempt Centers (Inspected)	26
Exempt Centers (Not Inspected)	28
Total Facilities	273
Total Child Care Capacity	9,190

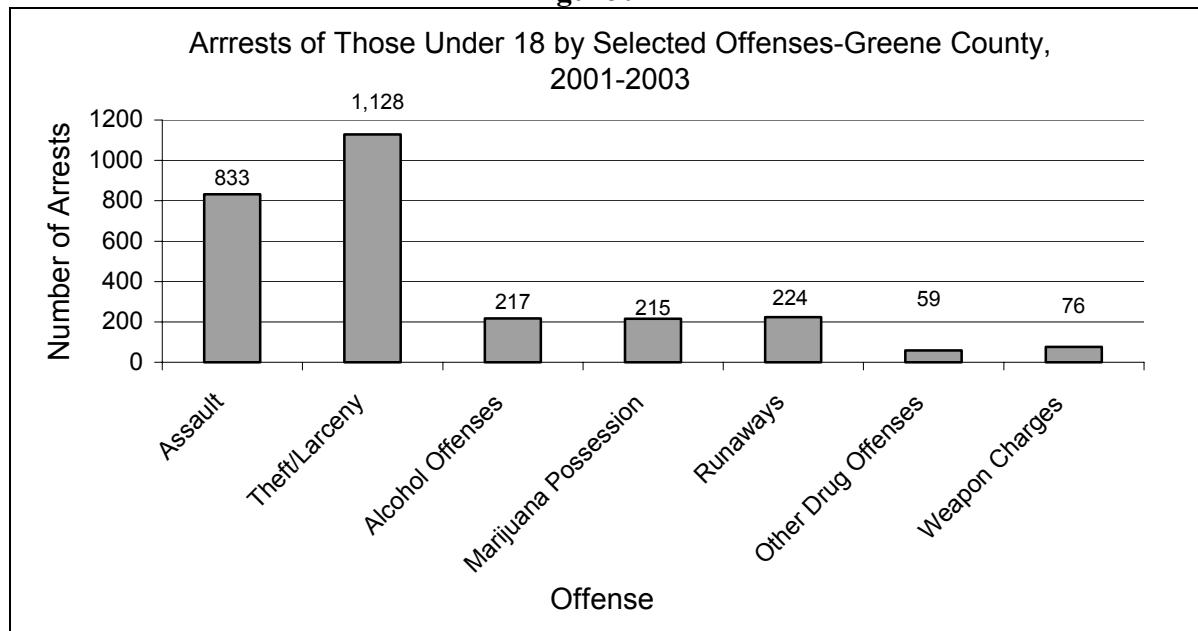
Source: Child Care Resource and Referral

### ***Chapter 4: Youth Issues***

Youth issues of concern in Greene County encompass many areas including poverty, drug abuse, violence, mental health, and education. The data presented here represents early efforts to construct a compilation of current available data. This process proved to be problematic though. The main difficulty involves the current data collection infrastructure. This infrastructure does not allow for convenient reporting or distribution of data. The information presented in the following charts offers only a brief glimpse of the current situation in the county.

- The majority of arrests for those under the age of 18 were for theft and violent offenses.

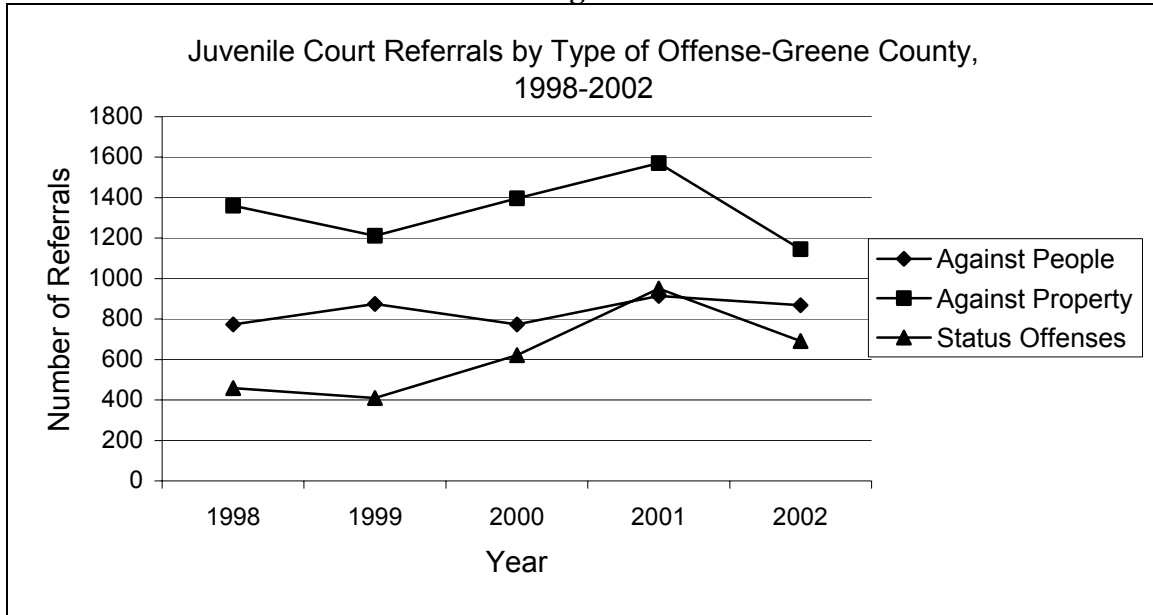
**Figure 9**



Source: Missouri State Highway Patrol, UCR database

- Annual drug referrals for juvenile offenders had increased to 250 by the year 2002.

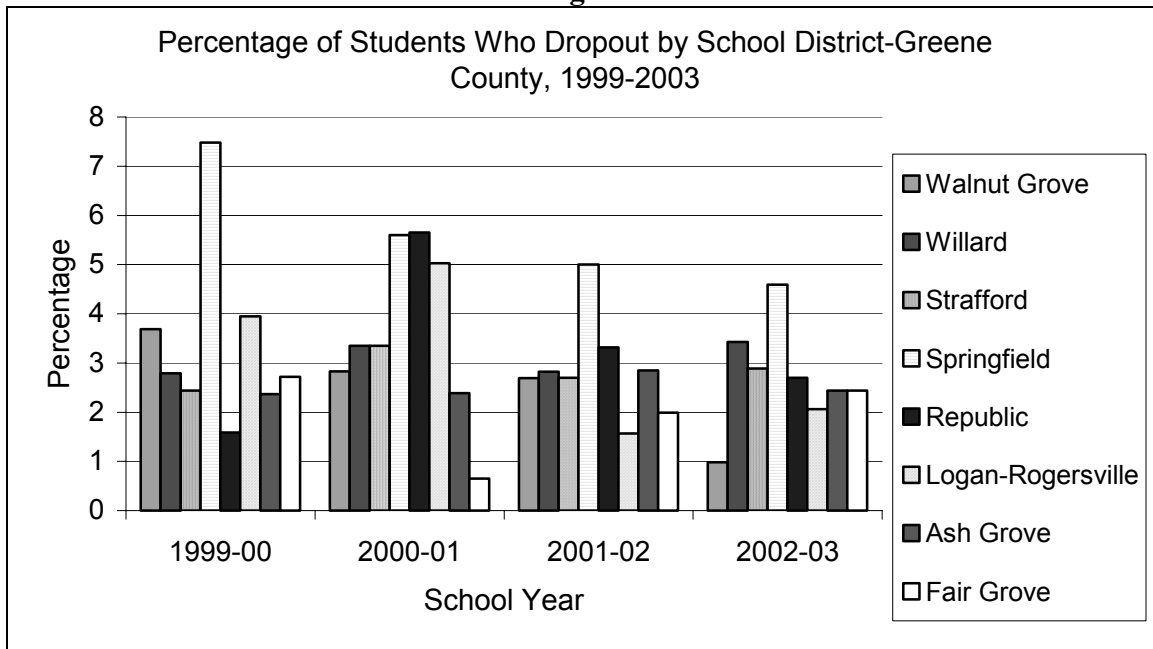
**Figure 10**



Source: Missouri Department of Social Services

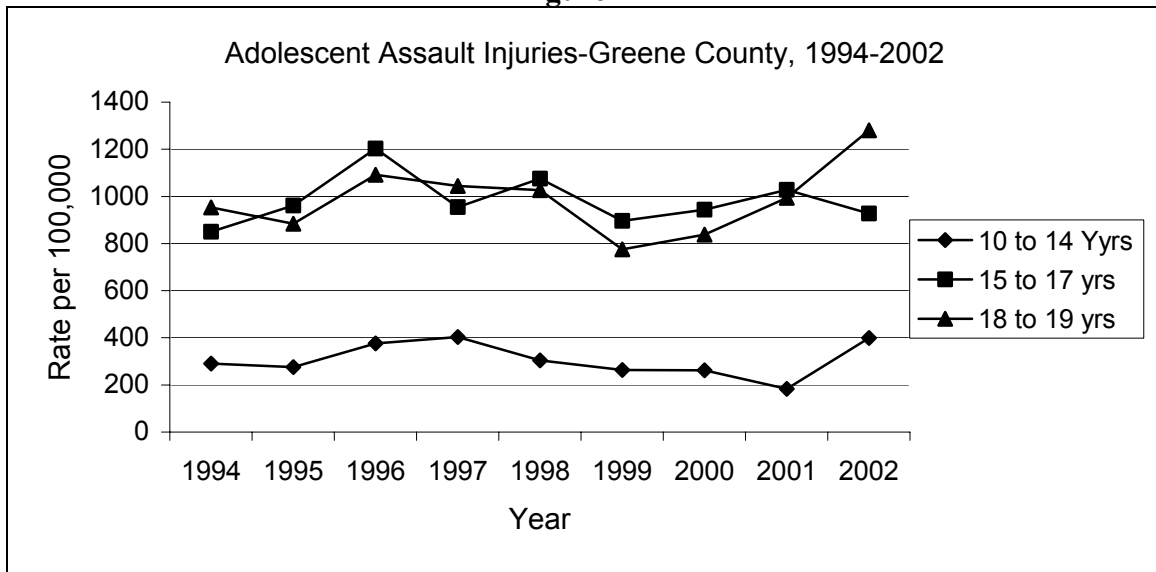
- The percent of high school dropouts has decreased in county school districts.

**Figure 11**



Source: Missouri Department of Elementary and Secondary Education

**Figure 12**



Source: Missouri Department of Health and Senior Services

## ***Chapter 5: Chronic Diseases and Injuries***

Numerous deaths due to cancer, heart disease, stroke, and other chronic diseases occur every year. Longitudinal studies have shown that both genetic and lifestyle components affect the development of these diseases. In order to decrease the prevalence of these diseases, prevention through lifestyle changes and early detection needs to occur.

Unfortunately, it is difficult to monitor the incidence of active and developing chronic diseases in the community. This can be accomplished through health surveys that inquire about lifestyle risk factors and diagnosed disease conditions. The federal and state governments conduct these surveys periodically. But, this process is cost prohibitive for local agencies so that county-level data is seldom available. This forces local agencies to monitor mortality trends to measure the impact that chronic diseases have on the community.

Injuries also have an enormous impact on residents of Greene County. Injuries result in economic losses, as well as disabilities that affect the quality and length of life. Some of these negative consequences can be avoided by following proper safety precautions.

Table 11

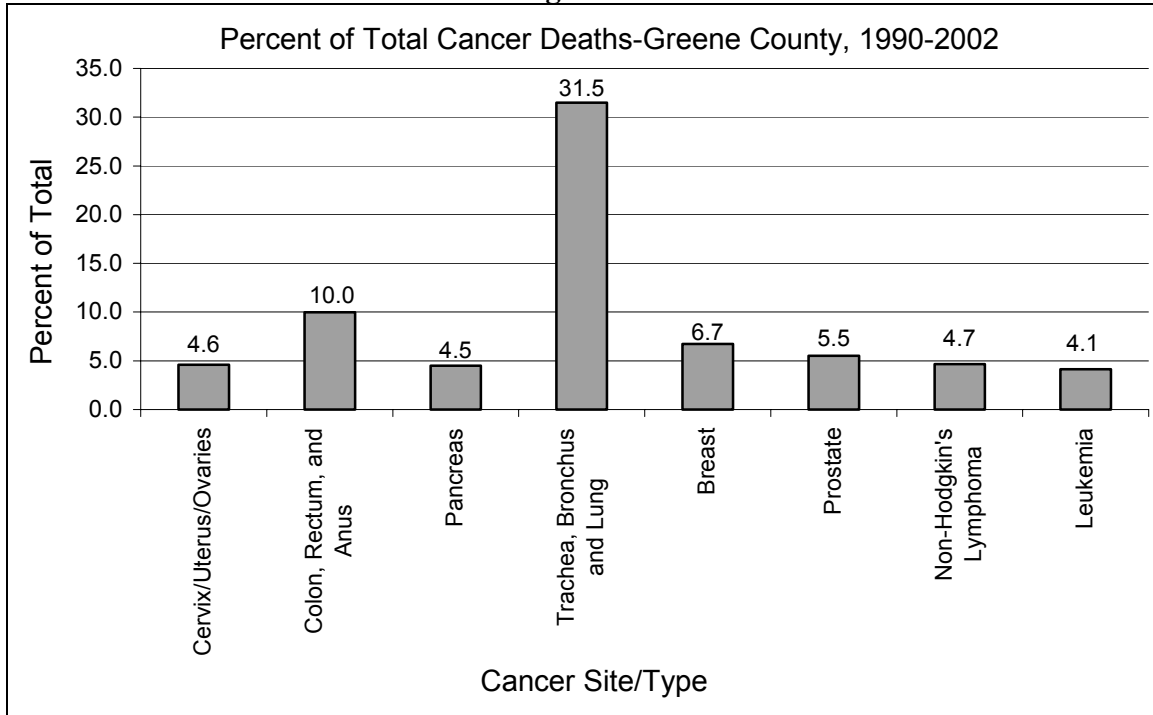
<b>Leading Causes of Death for All Residents-Greene County and Missouri, 1990-2002</b>			
		<b>Age Adjusted Rates per 100,000</b>	
<b>Cause of Death</b>	<b>Number</b>	<b>Greene</b>	<b>Missouri</b>
All Causes	28,187	891.9	934.8
Heart Disease	8,668	270.7	307.3
All Cancers	6,434	208.6	212.6
Lung Cancer	2,026	66.3	64.7
Breast Cancer (Female)	434	14.3	16.5
Stroke (Cerebrovascular Disease)	2,341	71.8	65.0
Chronic Obstructive Pulmonary (Lung) Disease (COPD) *	1,347	46.4	44.1
Total Unintentional Injuries *	930	32.7	39.7
Motor Vehicle	542	17.3	20.1
Pneumonia and Influenza	803	24.5	33.8
Diabetes Mellitus	661	21.1	23.0
Suicide	405	13.4	13.1
Kidney Disease	355	11.1	12.4
Alzheimer's Disease	531	15.9	10.5
Septicemia	235	7.4	9.1
Homicide	106	3.5	8.8
Liver Disease and Cirrhosis	250	8.6	7.6
AIDS	341	11.9	5.4
Smoking-Attributable (est.)*	4,808	169.3	174.2
Alcohol/Substance Abuse*	286	10.9	10.8
All Injuries and Poisonings *	1,475	52.4	64.1
Firearm *	295	10.6	15.4
Injury at Work *	50	2.0	2.4

Source: Missouri Department of Health and Senior Services

\*Data from 1990-2001

- Cancer of the trachea, bronchus, and lungs accounted for 31.5% of cancer deaths in Greene County from 1990 to 2002.
- Breast cancer was the third most prevalent type of cancer death in Greene County, and has been increasing since the year 2000.

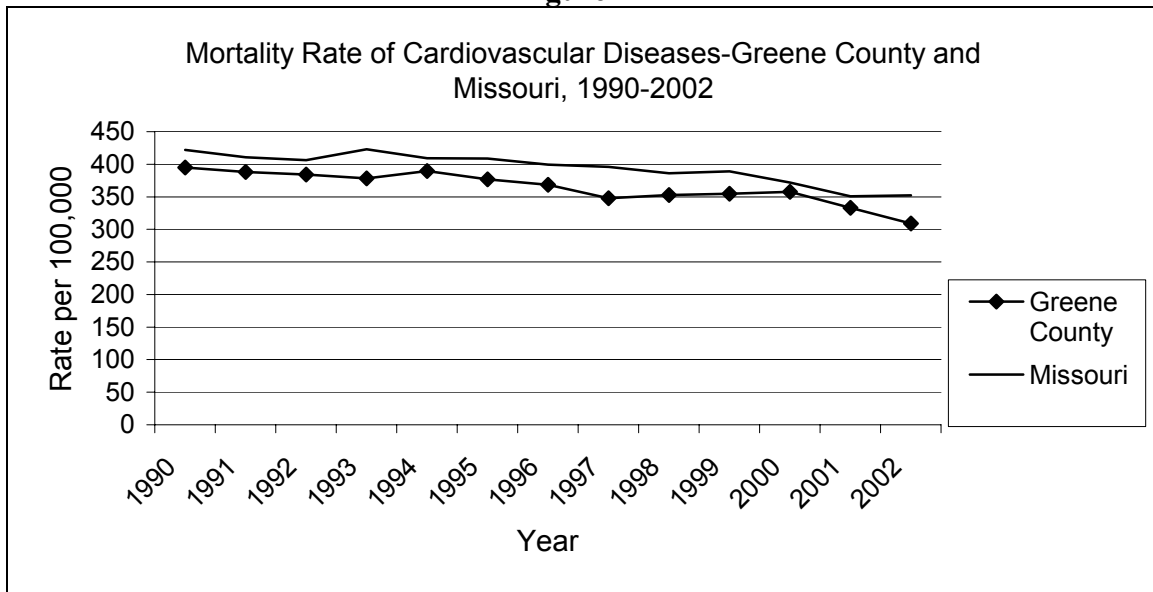
**Figure 13**



Source: Missouri Department of Health and Senior Services; n=6,434

- The rate of stroke deaths has decreased to 60.3 deaths per 100,000.
- A significant decrease in the acute myocardial infarction (heart attack) mortality rate has occurred in the county.

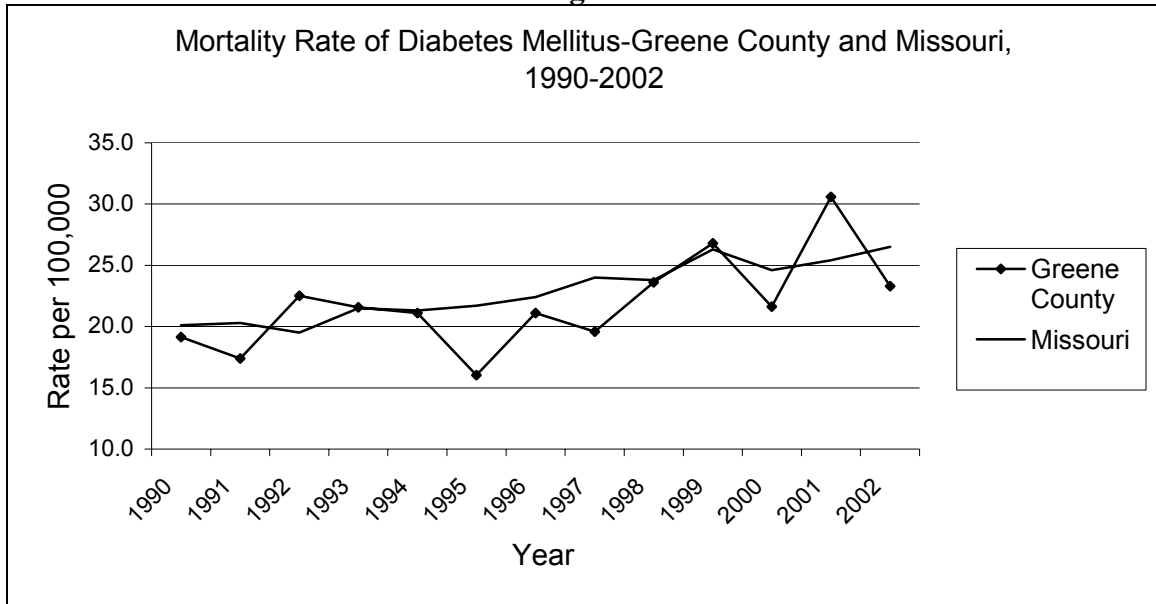
**Figure 14**



Source: Missouri Department of Health and Senior Services

- Asthma and diabetes are both increasing in prevalence in the county, with deaths due to diabetes slowly increasing.

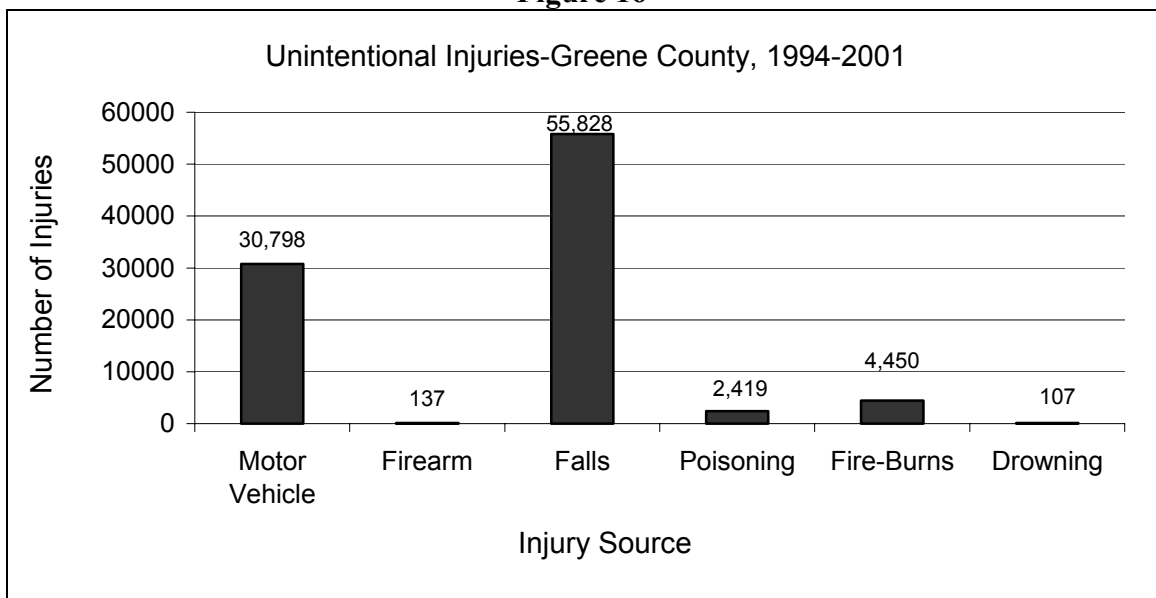
**Figure 15**



Source: Missouri Department of Health and Senior Services

The numbers of some unintentional injuries in Greene County are presented in Figure 16. Most injuries reported by emergency rooms are due to falls and motor vehicle accidents.

**Figure 16**



Source: Missouri Department of Health and Senior Services

Risk factors that contribute to chronic diseases were measured in a brief survey conducted by the Missouri Department of Health and Senior Services. Some of the results of that survey are presented on the following page.

Table 12

Self-Reported Behavioral Risk Factors-Greene County, 2003			
	Greene County (%)	Southwest Region (%)	State (%)
Self Reported Health Status (Fair or Poor)	17.2	18.8	16.9
No Health Coverage	12.7	17.2	12.8
Physical Inactivity	21.0	24.1	24.0
Current Smoker	23.6	26.7	26.4
Overweight	32.5	35.6	35.3
Obese	21.1	23.4	23.4
High Blood Pressure	28.1	27.4	28.9
High Cholesterol (35 and Older)	36.3	36.6	37.1
Asthma	9.2	11.2	10.8
Diabetes	6.2	6.4	7.2
Activity Limitation	17.4	17.6	17.9

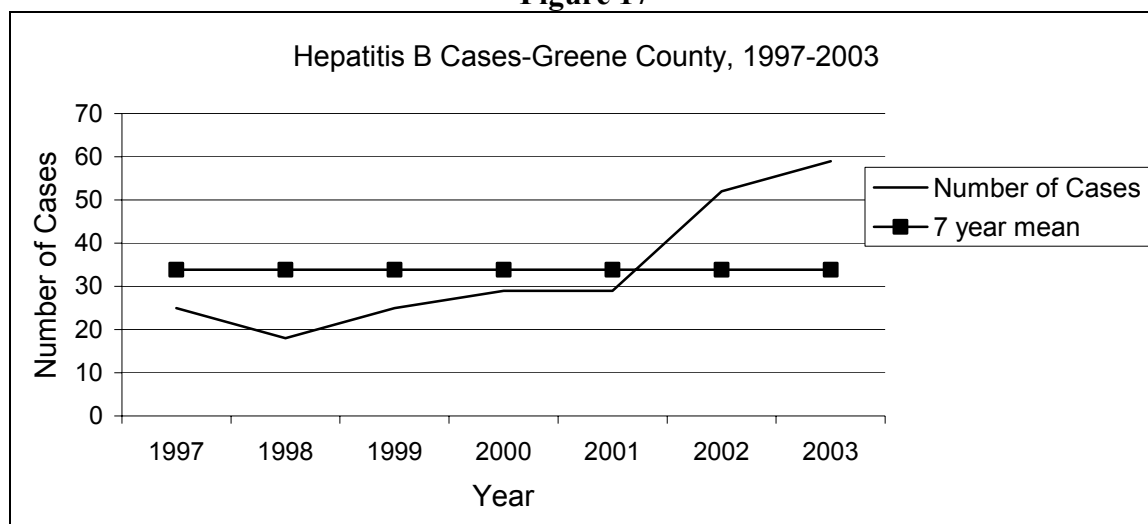
Source: Missouri Department of Health and Senior Services

## Chapter 6: Communicable and Vector-Borne Diseases

Communicable diseases are those that are transmitted from person to person, or from animal to person. For each of these diseases, prevention involves breaking the chain of transmission. Identification of specific diseases in the population is one step in disease surveillance and prevention. This list of diseases is not exhaustive, but it will focus on those reportable diseases that are a common threat to public health.

- The number of cases of Hepatitis B has increased dramatically since 2001.

Figure 17

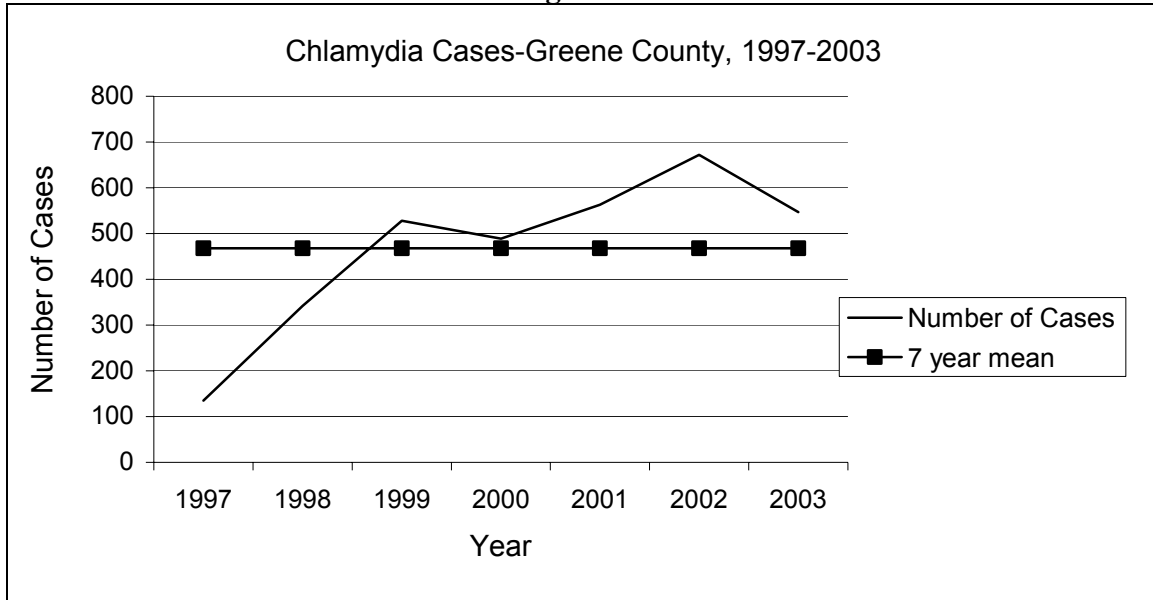


Source: Springfield-Greene County Health Department

- Chlamydia is a sexually transmitted infection caused by the bacteria *Chlamydia trachomatis*.



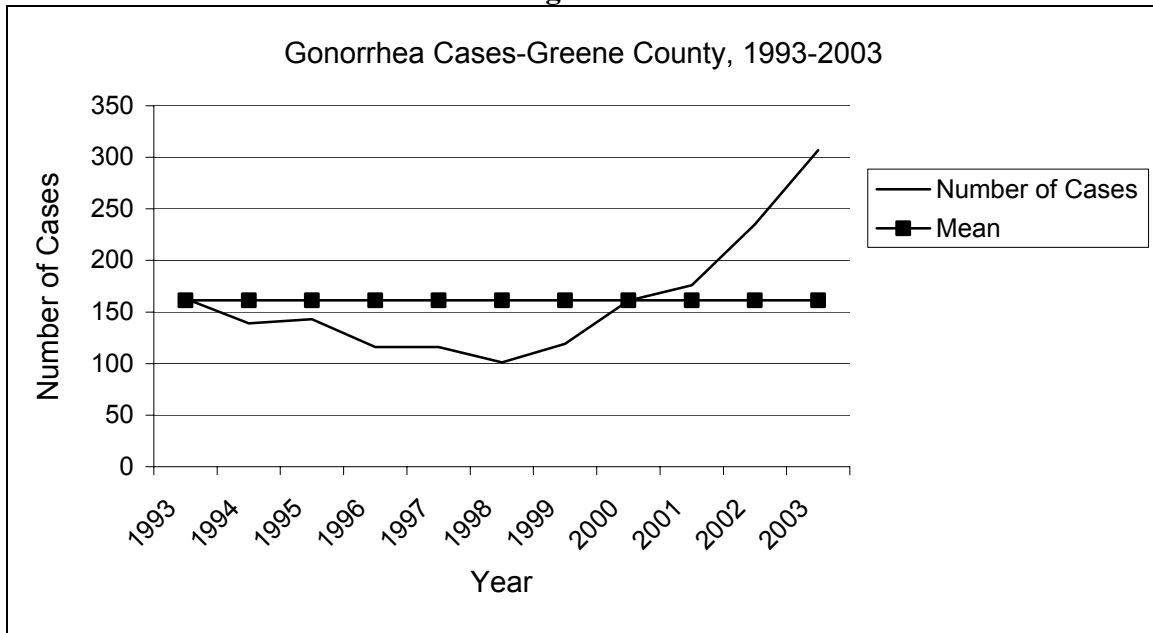
**Figure 18**



Source: Springfield-Greene County Health Department

- The number of cases of Gonorrhea, a sexually transmitted infection caused by the bacteria *Neisseria gonorrhoeae*, has also increased significantly since 1998.

**Figure 19**



Source: Springfield-Greene County Health Department

- HIV and AIDS continue to be a significant concern with testing and prevention efforts continuing in Greene County. Seventeen newly identified cases of HIV were reported in 2002.
- Vector-borne diseases are those diseases that involve an insect or animal in the process of transmission. A few examples of vectors include mosquitoes, ticks, fleas,

and rodents. Vector-borne diseases are prevented by disease surveillance and vector control methods. The recent experience with West Nile Virus (WNV) is an excellent example of how public health manages these threats.

In the spring of 2002, the Springfield-Greene County Health Department began testing dead birds and mosquitoes to identify the presence of WNV. By the end of the 2002 mosquito season, the virus had been identified in one dead bird in Greene County. In Missouri, during this time, 168 human cases with 7 deaths were identified. In addition to the human cases, 277 birds and over 600 horses tested positive for WNV. By the end of the mosquito season of 2003, Greene County had collected and tested many dead birds with 5 testing positive for WNV. West Nile Virus is now endemic to the area, meaning that the virus will be regularly present. Mosquito and dead bird surveillance continues in the county in an effort to identify those areas that may have increased mosquito populations and increased risk.

- Other diseases that pose a significant threat but are of low incidence in Greene County, are shown below:

**Table 13**

<b>Diseases of Low Incidence-Greene County, 1997-2003</b>		
	<b>Total Cases 1997-2003</b>	<b>7 Year Mean</b>
E-coli 0157:H7	11	1.6
Ehrlichiosis	14	2.0
Legionellosis	18	2.6
Brucellosis	2	/
Hepatitis A*	382	54.6
Rocky Mountain Spotted Fever	18	2.6
Lyme-like	15	2.1
Tularemia	10	1.4
Syphilis Deaths	2	/
Toxic Shock	12	1.7
Pertussis	6	0.9
Meningococcal Disease	14	2.0
Meningococcal Meningitis	11	1.6
Streptococcus, Group A Invasive	14	2.0
Malaria	10	1.4

Source: Springfield-Greene County Health Department

\*From 1997 to 1999 there was a high incidence of Hepatitis A (1997/1998/1999 =249/170/118) associated with a widespread outbreak. Since this time, the number of Hepatitis A cases reported has been approximately 5 per year.

## ***Chapter 7: Minority Health Issues***

The population of Greene County and Southwest Missouri is becoming more diverse. From 1990 to 2000, the census recorded substantial increases in population among the African American (44%), Hispanic/Latino (149.8%), and AAPI (Asian American, Pacific Islanders) (78.6%). This section of the community health assessment will focus on some of the major issues affecting the racial and ethnic minority groups in the county. By doing so, community planners will gain a better understanding to assist with strategic planning and public policy.

In the fall of 2003, leaders from several groups and community organizations were invited to attend a series of meetings to promote collaborative efforts to gain support, ideas, and input from the minority communities. These community leaders were provided with health data and engaged in discussions concerning the health of these groups in Greene County. The information from this minority health issues focus group was instrumental in guiding this portion of the assessment, as well as providing valuable insight into current qualitative issues facing these communities. The African American/Black and Hispanic/Latino communities are the largest of the minority groups in Greene County and will be the main focus of this chapter. Unfortunately, because of limited data availability only certain indicators have been presented for other groups such as Asian Americans and Native Americans.

Some of the issues discussed in this chapter include: poverty, maternal and child health, chronic disease, social issues, and access to health care. Within these broader topics, several health disparities among minority groups have been noted. Some of these health disparities include:

- Poverty:
  - Minority group members carry a disproportionate amount of poverty among their families.
  - Single females with children make up a significant proportion of the total minority families living in poverty.
- Maternal and Child Health:
  - There were higher proportions of births with reported inadequate prenatal care, although this has decreased significantly since 1990.
  - There were a higher percentage of births with no prenatal care being reported.
  - There were a larger percentage of mothers with less than 12 years of education.
  - Teen (under age 18) pregnancy disproportionately affects these groups.
  - Fewer new mothers reported being married.
  - A greater proportion of mothers from minority groups reported being participants of Medicaid, food stamps, and/or WIC.
- Chronic Disease:
  - A higher percentage of deaths due to diabetes were observed in African Americans/Blacks and Hispanics/Latinos from 1997 to 2002.
  - A higher general mortality rate was observed for African Americans/Blacks.
  - Higher mortality rates for cancer and heart disease were observed among African Americans/Blacks.

- Social Issues:
  - African Americans/Blacks had a higher rate of assault injuries.
  - Native Americans reported higher rates of disabilities.
- Sexually Transmitted Infections:
  - African Americans/Blacks had higher rates of gonorrhea and chlamydia infection.
- Access to Health Care:
  - The rate of African American/Black patients utilizing county emergency rooms was double the rate of Whites.

These health disparities are important indicators of problems that are being confronted by all members of the community. But, the higher rates and proportions identified within the minority communities indicate that these groups are disproportionately burdened with these problems.

Numerous researchers in larger national studies have shown that socioeconomic considerations are intimately related to health status. Any person or group, regardless of race or ethnicity, can have negative health consequences when poverty, unemployment, and lack of education prevent them from obtaining necessary healthcare. Data presented in this chapter indicate that these community members experience negative health consequences and social disparities such as poverty, unemployment, and others. Health disparities mentioned in the previous section are the result of complex interactions that have developed because of historic, socioeconomic, and institutionalized factors present in the county. Some of these health disparities have a more apparent relationship to socioeconomic status than others. Furthermore, many other social determinants such as gender, education, marital status, social class, or geographic differences contribute to inequities and are much more difficult to understand or quantify. Because of this, it is important to realize that many interactions exist between the various health indicators, socioeconomic conditions, cultural experiences, and social determinants in the community.

To gain an additional perspective on issues confronting the racial and ethnic minority communities in the county, qualitative information was obtained concerning barriers to health care services and access to care. Discussions during the minority health issues focus group helped to reveal several issues that would not have been realized by reviewing the numerical data only. Several items discussed during the focus group related to psychological barriers and institutional characteristics that limited or prevented some members of the minority community from readily receiving or seeking health care services.

Psychological barriers are real barriers that can prevent people from pursuing what they need, or achieving all that they can. One of the psychological barriers identified for some community members involves what is considered the “North-side” and “South-side” of the City of Springfield. This mental barrier results in negative stereotypes and some people feeling uncomfortable or perceiving themselves as being “out-of-place” when going to unfamiliar areas of the city or even sitting in a doctor’s office. Members of minority groups are even more affected by this barrier since these groups make up a small percentage of the total population and may feel increasingly scrutinized in certain areas. This “North-side” and “South-side” barrier becomes more problematic to those seeking medical treatment since a significant portion of the health care facilities are located on the southern side of the city. Consequences of this could

include a delay in seeking treatment in order to avoid anxiety associated with traveling to unfamiliar areas of the city.

Uncomfortable perceptions associated with feeling “out-of-place” in the health care setting may be exacerbated by the lack of health care professionals from minority groups. Distrust of the health care system has been cited to exist among some minority community members, who are confronted by a health care system that is predominantly represented by Whites. Miscommunication, misunderstandings, and failures to relate to one another may have helped create a situation that alienates some members of the minority community. These factors may inadvertently foster some cultural and psychological barriers, as health care workers may be more willing to interact more readily with those patients whom they perceive as being similar to themselves. Consequently, this may significantly influence the decision of when to seek or access health care services in the future.

Concerns surrounding access and seeking of health care are compounded by the fact that many individuals, regardless of race or ethnicity, from lower socioeconomic and increasingly middle class strata, confront a health care system that is constantly becoming more complex and unintelligible. Many people lack the knowledge to ask questions and competently interact within this complex system possibly resulting in an institutionalized-psychological barrier. Inability to comprehend the system may cause frustration and further misunderstandings. These factors may affect access to health care for some minority group members as patients and health care providers from different racial and ethnic backgrounds communicate ineffectively to develop a treatment plan that will be followed or afforded.

Access to health care is also an institutionalized barrier as disadvantaged residents with Medicaid insurance find it difficult to locate non-emergency health care services. One reason for this is that physicians must limit Medicaid patients because of increasing health care costs and/or reimbursement issues. This affects minority groups disproportionately because the percentage of those eligible for Medicaid is higher compared to the White population. As a result, even though these individuals may have health insurance through Medicaid, finding a primary care physician and receiving treatment early in the disease process can be challenging.

Another institutionalized barrier that may impact the seeking of health care, involves transportation issues. There is a common misperception that this problem is addressed by use of the public transportation system. For many disadvantaged members of the community this transportation system does not adequately address their needs because of inconvenience and confusion concerning the system. Because racial and ethnic minority groups in the county have a significant proportion of poverty burden, more of their members may cope with these difficulties in addition to their health concerns. People living in poverty who cannot afford private transportation may postpone seeking treatment until absolutely necessary. This could result in increased severity of disease requiring more intense and costly treatment.

For the non-English speaking members of the community, institutionalized barriers seem to discourage the use of public transportation as well as utilization of health care services. Institutionalized language barriers are continued sources of stress that affect many different groups in the community. During the minority health focus group meetings it was observed that many Hispanic/Latino residents rely on family and friends to provide or translate health information, because of cultural differences and language barriers. This is becoming more of a concern because of the recent growth in the number

of Hispanic/Latino families. These families have health care needs that are different than those of the single men who comprised the initial influx of Hispanic/Latino immigrants. The language barrier confronts other non-English speaking immigrants who need health care in the county as well. Language difficulties will result in health disparities as non-English speaking residents postpone treatment or fail to understand treatment instructions.

Other areas of concern include gaps in knowledge of the current health status of the minority communities in the county. Behavioral risk factor assessment surveys gather information on lifestyle factors that affect health such as smoking, exercise, obesity, and diet. Many of these surveys routinely collect data on a regional or county level for the entire population without distinguishing between racial or ethnic categories. Because the population in Greene County is over 90% White, the data collected during these surveys is predominately representative of the White community. These surveys fail to recognize and assess the health status or risk factors present in the minority populations. Consequently, the risk factors that negatively affect the health of minority members in the community are not being determined and prevention efforts are not being implemented, which may ultimately result in health disparities.

Solutions to some of the problems affecting the minority communities in Greene County involve socioeconomic issues. The health disparities created by poverty are troublesome for all of the disadvantaged residents of the county. But, because minority groups carry a greater proportional burden of poverty (Table 7.5, Figure 7.1a and b), more of their members are affected by the problems discussed. Solutions to address specific barriers to health care are practical and can be accomplished. Some solutions of the problems mentioned earlier include:

- The recruitment of more health care providers who are from different racial and ethnic backgrounds.
- Education concerning cultural differences.
- More primary care access for Medicaid patients.
- Education for patients regarding basic health care system issues.
- Hiring of more interpreters (Spanish, Vietnamese, Chinese, etc.).
- More signs in hospitals and clinics that provide translations.
- A Behavioral Risk Factor Survey of the minority population in Greene County.
- More outreach by public health officials.

These problems and suggested solutions are not meant to be a definitive description on how to address or solve the problems facing the community. This health assessment process is only the first step in a community-wide process that will continue with discussions and planning.

Other important trends include:

- The minority population in the county continues to represent a small proportion of the total population.
- Certain groups have had tremendous increases in population growth by in-migration.

**Table 14**

<b>Ethnicity and Race of Total Population, Percentages-Greene County, 2000</b>					
	<b>White</b>	<b>African American/ Black</b>	<b>Hispanic/ Latino</b>	<b>Native American /Alaskan Native</b>	<b>Asian, Pacific Islander</b>
Greene (%)	92.5	2.3	1.8	0.7	1.2
Population Increases 1990-2000 (%)	11.9	44.7	149.8	23.6	78.6

Source: US Census Bureau, 2000

**Table 15**

<b>Families Living Below Poverty Levels-Greene County, 2000</b>						
	<b>Total</b>	<b>White</b>	<b>Hispanic/ Latino</b>	<b>African American/ Black</b>	<b>Native American /Alaskan Native</b>	<b>Asian, Pacific Islander</b>
Total Families	62,147	58,471	831	1,077	431	427
Percent of Families Below Poverty Levels Within Group	7.5	6.8	21.3	21.1	24.4	17.1

Source: US Census Bureau, 2000

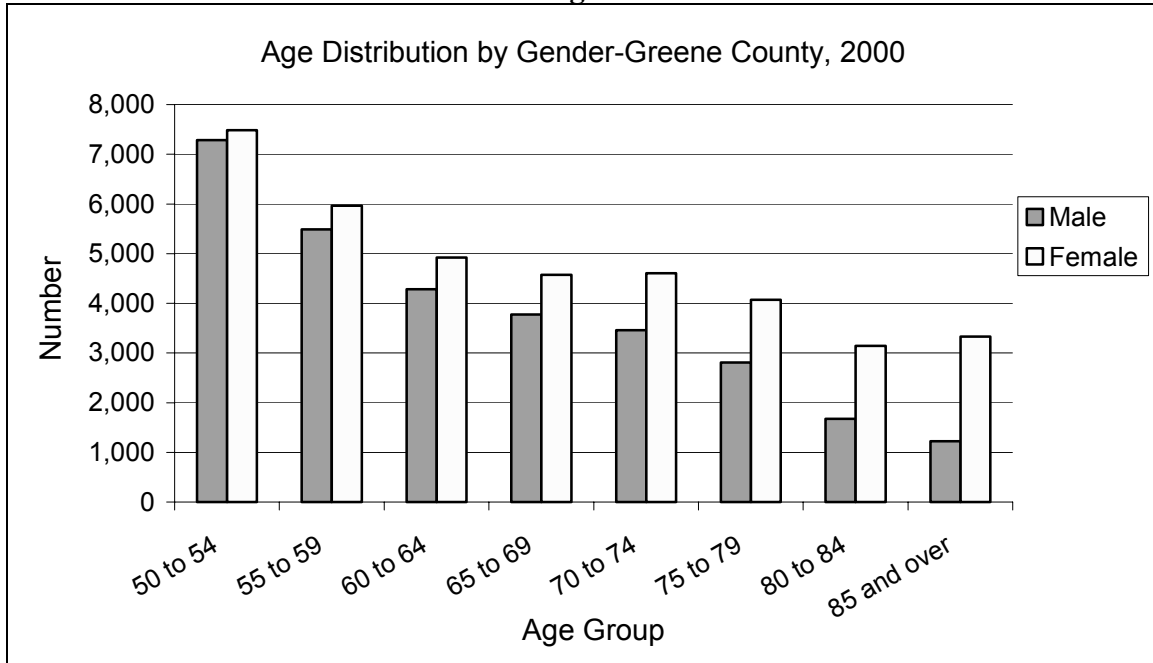
- The number of annual births for Hispanics/Latinos and African Americans/Blacks has been increasing.
- Every population group has demonstrated an increase in the number of overweight mothers with the greatest increase being seen in White and Hispanic/Latino mothers.
- Almost 20% of White and African American/Black expectant mothers continue to smoke, while substantially fewer Hispanic/Latino mothers smoke.

## ***Chapter 8: Senior Issues***

Seniors in Greene County encounter many problems including obesity, crime, disease, health care costs, poverty, and transportation. Many seniors in our community rely on various social service agencies to address some of these problems. However, because of the lack of data concerning some issues, the extent of some problems is not fully realized or understood.

- In ten years a significantly larger proportion of individuals will be at least 60 years old in the county.

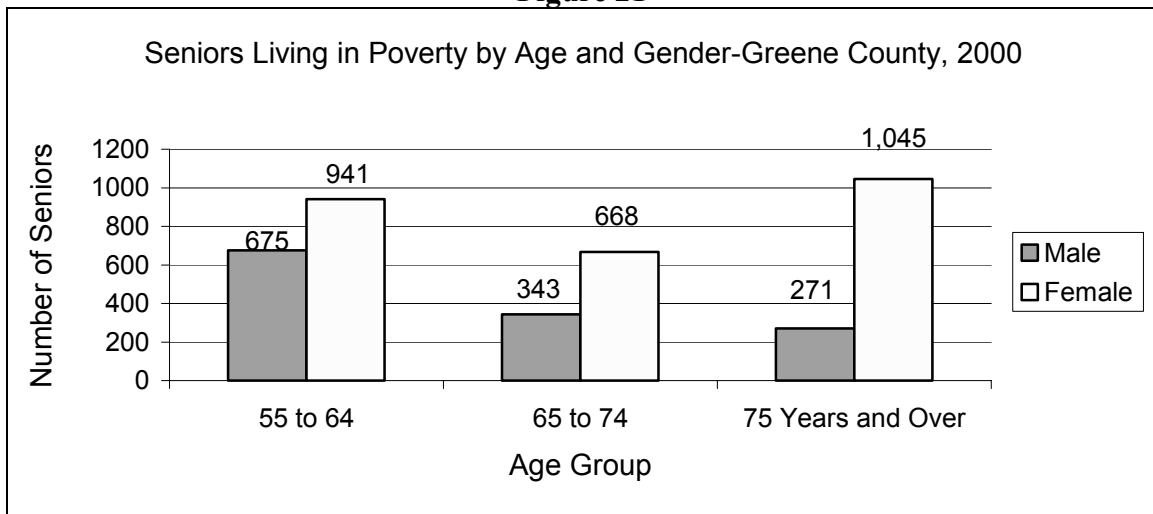
**Figure 20**



Source: U.S. Census Bureau, 2000

- Over 11,000 persons over the age of 60 are living in single person households.
- A large number of seniors continued to work after age 65, with 802 men and women over 75 years of age working in Greene County.
- In the year 2000, more females than males over the age of 55 were living in poverty.

**Figure 21**



Source: U.S. Census Bureau, 2000

- Of the seniors living in poverty, 57% were over 75 years of age.
- A large proportion of senior householders over the age of 65, had rent that represented 35% or more of their income.

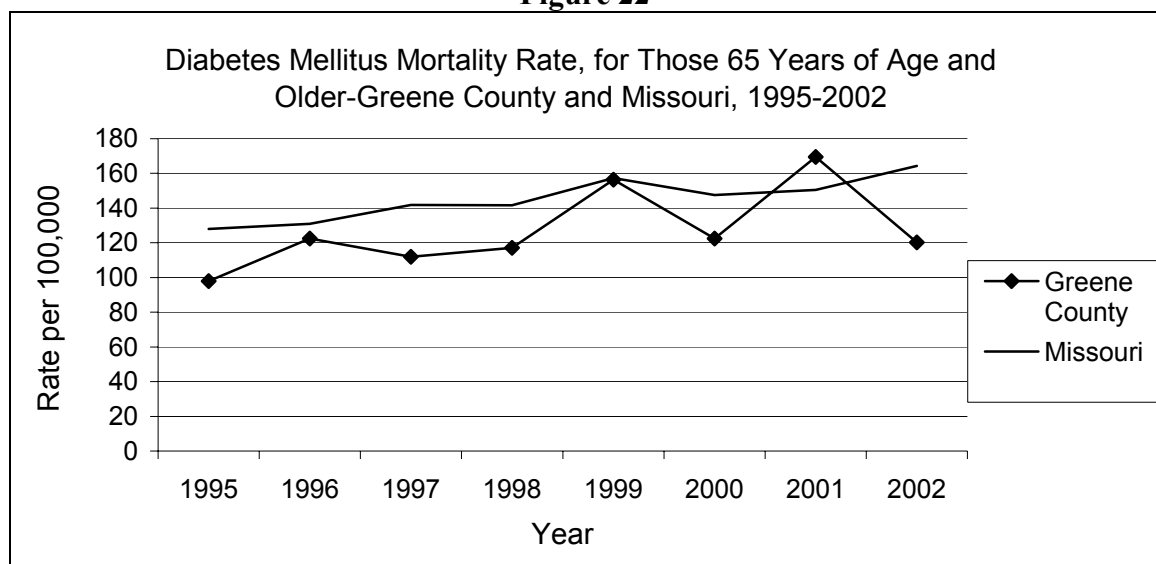


- A total of 205 senior householders did not have telephone service in Greene County in the year 2000.
- Of those surveyed, 1,211 grandparents in Greene County reported some responsibility for their grandchildren's care.
- Springfield senior adults reported 519 incidents of theft (stealing, burglaries, forgery, and robbery) from June 2002 to July 2003, and the Missouri Division of Senior Services reported that approximately 70 cases of financial exploitation are reported per month.

Chronic diseases are influenced greatly by lifestyle choices such as diet and exercise. The number of potential years lost and the quality of life experienced by Greene County seniors are both impacted by chronic diseases.

- Since 1995, Greene County seniors have had a higher mortality rate due to stroke than the state rate.
- Cancer mortality rates in Greene County have fluctuated greatly from 1995 to 2002, with an overall upward trend.
- The trend in mortality due to diabetes mellitus is of great concern; the diabetes mortality rate for the senior population in Greene County for 2002 was 120.2 per 100,000.

**Figure 22**



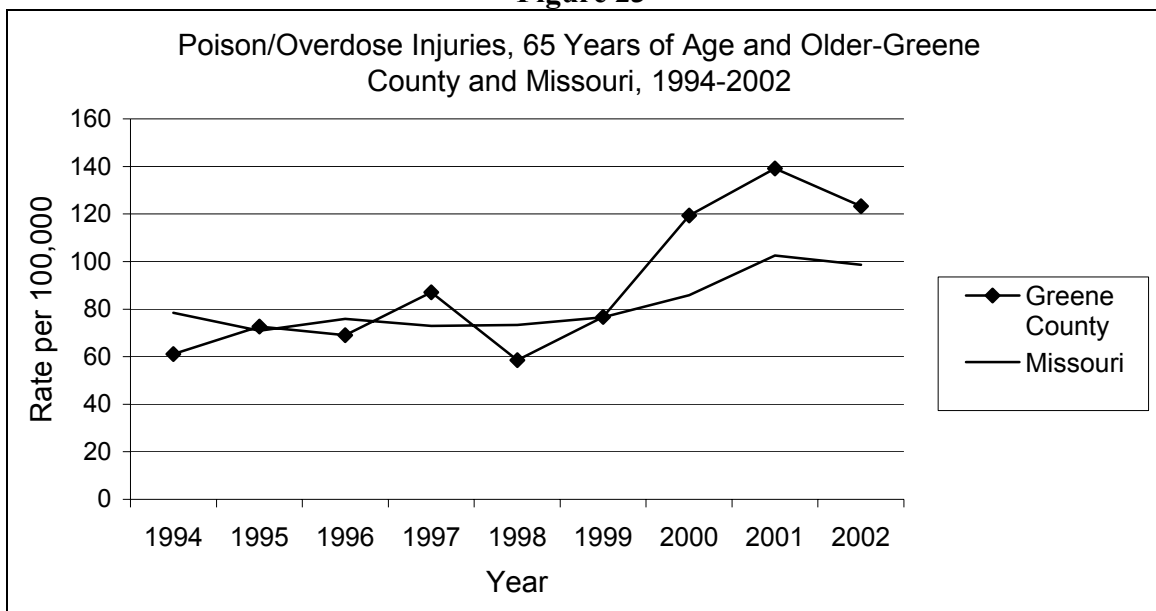
Source: Missouri Department of Health and Senior Services

- Mortality due to Parkinson's Disease has also been increasing in Greene County.
- There has been a downward trend in the number of days of hospitalization for certain diseases and procedures.

Injuries resulting from accidents are a great threat to the health of the senior population in Greene County. Debilitating injuries affect quality and length of life for seniors.

- Senior women represent a larger proportion of the reported injuries due to falls.
- The rate of injuries for motor vehicle occupants over the age of 65 continues to remain higher than the state's rate.
- The over-exertion injury rate for senior females is higher than the rate for male seniors, although male senior over-exertion injuries have increased.
- Poison/overdose injuries among seniors in Greene County increased dramatically from 1999 to 2001.

**Figure 23**



Source: Missouri Department of Health and Senior Services

## ***Chapter 9: Social Issues***

Social issues such as crime and substance abuse affect individuals and families across the county on a daily basis. These problems result in negative health effects in the community both directly and indirectly. Victims and their families experience most of the direct harm from these social problems. Indirect harmful consequences include economic and psychological harm experienced by the community. Social issues ultimately impact the levels of fear, stress, forms of abuse, and problems at work or with family life. Unfortunately, many people have to cope with these problems constantly in Greene County.

- From 1990 to 2002, 106 deaths occurred in Greene County due to assault injuries.
- From 1994 to 2001, there were 10,275 assault injuries reported.

- Males and females between 15 and 24 years of age have higher rates of assault injuries compared to the general population.
- Property crime accounted for most of the arrests from 2001 to 2003, with domestic violence accounting for the second highest total.
- Springfield reported the most domestic violence incidents with 6,694 incidences from 2001 to 2003.
- As of May 2004, there were 427 registered sex offenders in Springfield.

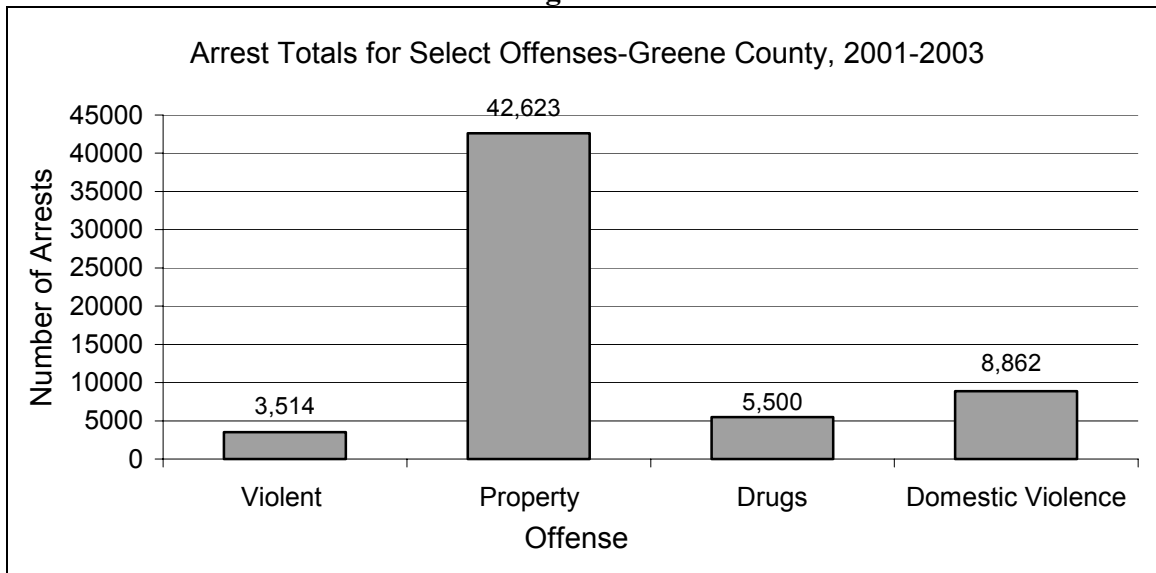
**Table 16**

<b>Registered Sex Offenders by Reported Residence-Greene County, May 2004</b>								
<b>Ash Grove</b>	<b>Battlefield</b>	<b>Brookline</b>	<b>Fair Grove</b>	<b>Republic</b>	<b>Springfield</b>	<b>Strafford</b>	<b>Walnut Grove</b>	<b>Willard</b>
3	3	2	8	17	427	5	4	5

Source: Missouri State Highway Patrol, list of registered sex offenders; Bois D'Arc, and Rogersville had 1 reported sex offender each.

- In 2002, a total of 115 illegal drug labs were identified in Greene County, with most of these involving methamphetamine.

**Figure 24**



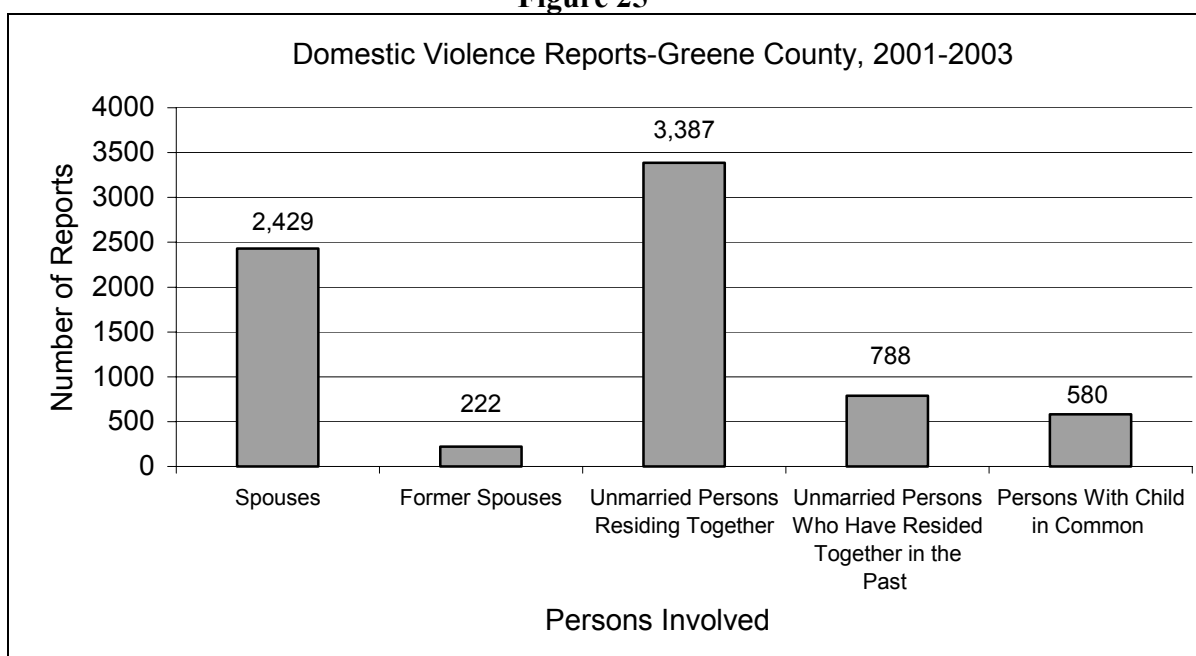
Source: Missouri State Highway Patrol, Uniform Crime Reports (UCR)

**Table 17**

<b>Domestic Violence Incidents Reported by Law Enforcement Agencies-Greene County, 2001-2003</b>						
					<b>Rate per 1,000 Population</b>	
	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>Total 2001-2003</b>	<b>2002</b>	<b>2003</b>
Ash Grove	0	5	31	36	*	21.7
Battlefield	0	13	10	23	5.5	4.2
Fair Grove	0	1	4	5	*	*
Greene County Rural	546	606	566	1,718	8.7	8.1
Republic	93	138	140	371	16.4	16.6
Rogersville	28	0	0	28	0	0
Springfield	2,369	2,193	2,132	6,694	14.5	14.1
Strafford	5	0	0	5	*	*
Walnut Grove	0	5	5	10	*	*
Willard	0	0	0	0	0	0
<b>Total</b>	<b>3,041</b>	<b>2,961</b>	<b>2,888</b>	<b>8,890</b>	<b>12.3</b>	<b>12.0</b>

Source: Missouri State Highway Patrol, UCR

\*Rates were not calculated because the numbers of incidents were too small for stability.

**Figure 25**

Source: Missouri State Highway Patrol, UCR

- Greene County emergency personnel were injured or exposed to harmful chemicals seven times responding to “fixed” (5) and “transportation” (2) drug lab facilities.

- From 1999 to 2002 the number of DWI/DUI arrests increased from 1,171 to 3,016, while drug arrests increased from 1,159 to 1,969.
- Of those sentenced to a correctional facility for drug and alcohol offenses from 2001 to 2003, 19% (184) were alcohol offenders and 81% (761) were drug offenders.
- The top three problem drugs cited for those seeking substance abuse treatment in Greene County were: alcohol (53%), marijuana (21%), and methamphetamine (13%).
- The overall trend indicates that compliance to the law banning tobacco sales to minors has increased since 1996, reaching almost 99% compliance in 2001.
- A comparison of the number of deaths due to alcohol, drugs, and tobacco indicates that tobacco accounted for 91% of the total deaths due to these substances in Greene County.
- In a 2001 survey, 625 people were identified as living in emergency and transitional shelters in Greene County. This number is considered to represent only a small number of the homeless in the county.
- The Kitchen Inc. in 2002:
  - Provided shelter for over 300 children in families.
  - Provided 134,549 days of housing among all its programs and provided over 340,000 meals.
  - The Kitchen Clinic provided treatment to 12,533 patients and filled 48,110 prescriptions, 27,068 of which were for indigent patients.
  - The Kitchen Dental Clinic provided 371 dental screenings and treated 329 patients.

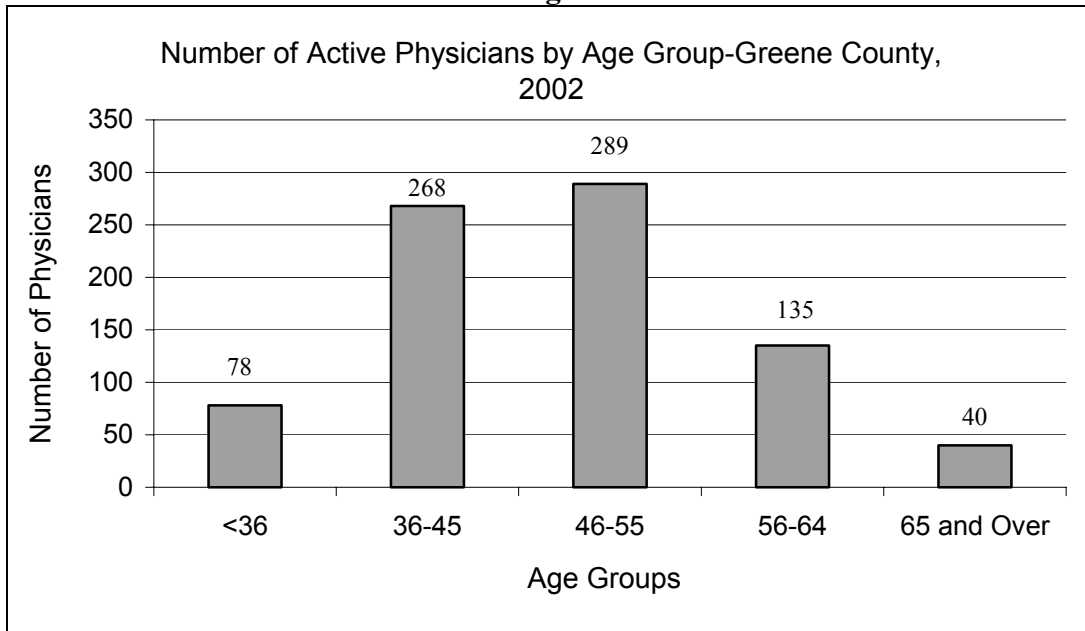
## ***Chapter 10: Health Care Services***

The health care service providers in Greene County act as a regional resource for residents of surrounding counties. Because of this, and Greene County's increasing population, it is important to identify the capacity of current health care resources so potential weaknesses in the delivery of health care can be identified. Hospital capacity, skilled nursing, and physician characteristics will be examined to develop a profile of the resources available in Greene County.

- From 1991 to 2002, there was a 50.8% increase in the total number of physicians and a 45.5% increase in the number of primary care physicians practicing in Greene County.
- In 2002, there were 278 primary care physicians and 816 total active physicians.

- The majority of physicians practicing in the county are over the age of 46, with 175 physicians over the age of 56.
- Since the year 2000, there has been an increase of 166 total hospital beds with 1,440 total staffed beds in Greene County.

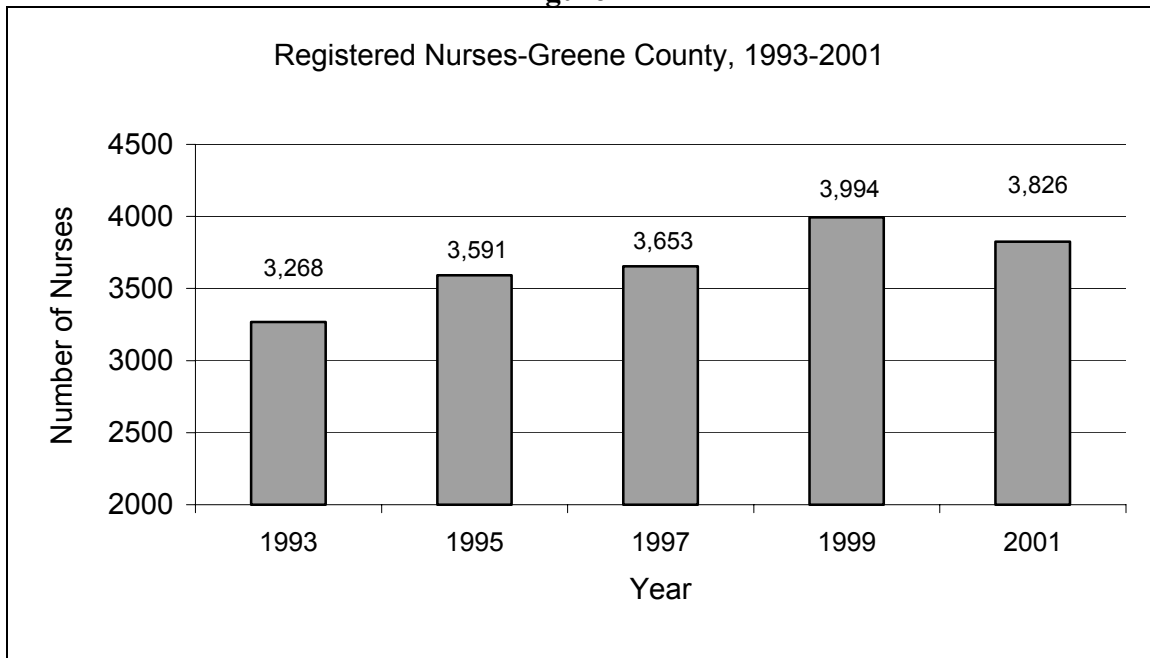
**Figure 26**



Source: Missouri Department of Health and Senior Services, Health Resources Statistics

- The number of skilled nursing beds (123) has remained constant over the previous four years in area hospitals.
- The number of nurses in Greene County has steadily increased through the 1990's. However, a decrease of 168 registered nurses did occur between 1999 and 2001.
- As of July 2003, Greene County had a total of 1,106 total medical surgical beds, an increase of 41 beds since the year 2000.

**Figure 27**



Source: Missouri Department of Health and Senior Services

**Table 18**

Total Staffed Hospital Beds by Institution-Greene County, 2000-2003						
(Excluding Psychiatric Beds)	2000	%	2001	%	2003*	%
Cox North	80	6.3	79	7.0	238	16.5
Cox South	552	43.3	553	48.7	677	47.0
St. John's	597	46.9	473	41.7	505	35.1
Doctor's Hospital of Springfield	45	3.5	30	2.6	20	1.4
Total	1,274		1,135		1,440	

Source: Missouri Department of Health and Senior Services, 2001 Hospital Profile

\*2003 Data gathered from individual hospitals

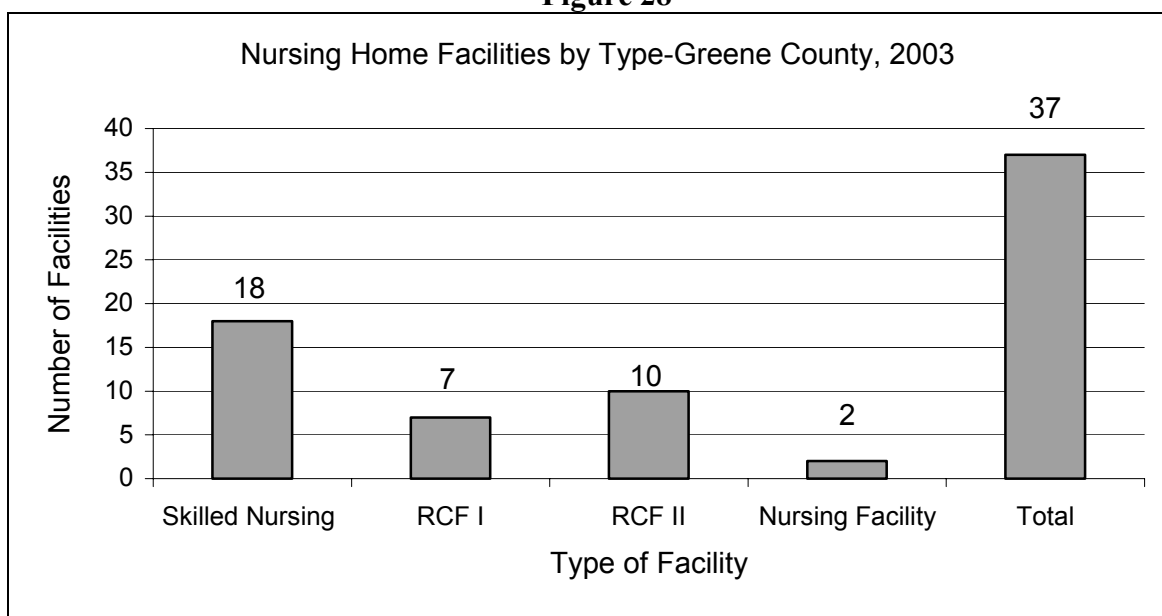
- Area hospitals had 93 total isolation and negative pressure rooms in 2001.
- There has been a slight decrease in the total number of psychiatric beds in Greene County.
- Occupancy rates for Greene County hospitals for the year 2001 indicate an average total occupancy of 63.8% and an average length of stay of 5 days.
- An overall downward trend has occurred with the average hospitalization decreasing from 6.7 days in 1993 to 4.8 days in 2000.
- There were 37 licensed long-term care facilities in Greene County with 18 being skilled nursing facilities and 17 being residential care facilities.

**Table 19**

<b>Hospital Occupancy Rates (Including Psychiatric Hospitals)-Greene County, 2001 and 2002</b>						
	<b>Medical Surgical</b>		<b>All Beds</b>		<b>Average Length of Stay</b>	
	<b>2001</b>	<b>2002</b>	<b>2001</b>	<b>2002</b>	<b>2001</b>	<b>2002</b>
Cox North	56.6	52.1	62.4	68.0	5.1	5.4
Cox South	65.7	69.9	63.1	61.4	5.0	5.0
St. John's	69.9	72.0	64.1	66.6	4.8	4.7
Doctor's Hospital of Springfield	33.4	38.5	38.9	43.5	5.1	5.6
Lakeland Regional Hospital			90.3	91.7	12.0	10.0

Source: Missouri Department of Health and Senior Services

**Figure 28**



Source: Missouri Department of Health and Senior Services

- There were 11 Alzheimer Units in area nursing homes, with 10 located in skilled nursing facilities and one unit located in a residential care facility II.
- Of Greene County's 2,813 nursing home beds, 2,500 were available for Medicaid and Medicare services.
- A 2003 survey released by the Missouri Department of Health and Senior Services indicated that 12.7% of Greene County residents were without medical insurance.
- For those under 19 years of age, 21,461 were enrolled in Medicaid, the total number of those enrolled for the year 2003 exceeded 39,700.



**Table 20**

<b>Medicaid Participation by Age Group and Race-Greene County, 2003</b>			
<b>Age Groups</b>	<b>Total</b>	<b>White</b>	<b>African American/Black</b>
Under 1	1,687	1,544	59
1 to 4	5,804	5,253	297
5	1,274	1,139	86
6	1,186	1,061	84
7 to 9	3,334	2,983	236
10 to 14	5,030	4,529	354
15 to 17	2,409	2,182	146
18	737	664	47
<b>Total Under 19</b>	<b>21,461</b>	<b>19,355</b>	<b>1,309</b>
19	442	405	19
20	430	399	21
21	479	440	21
22 to 24	1,618	1,471	86
25 to 34	4,421	3,954	214
35 to 44	3,646	3,286	175
45 to 54	2,454	2,243	108
55 to 64	1,718	1,592	57
Total Under 65	36,669	33,145	2,010
65 and Over	3,109	2,916	80
Unknown	11	11	
<b>TOTAL</b>	<b>39,789</b>	<b>36,072</b>	<b>2,090</b>
Percent of Population Under 65 on Medicaid	15.1%		

Source: Missouri Department of Health and Senior Services

## ***Chapter 11: Community Health Survey Results***

This community health survey was conducted through a contract with the Ozarks Public Health Institute during the spring of 2004. Confidentiality of the health information was maintained according to HIPPA regulations. Personal identifiers were removed to guarantee complete confidentiality in the collection and presentation of the data. Through the use of random telephone number dialers a sample of 802 respondents over the age of 18 from the resident population of Greene County was obtained. This number of completed surveys provided the necessary sample size to ensure a high degree of statistical significance. Additionally, Southwest Missouri State University's Institutional Review Board regarding human subjects research reviewed and approved the survey per established regulations and protocols.

By reviewing the behavioral risk factor surveys developed by the Centers for Disease Control and Prevention and other community health surveys developed by local public health departments, the Springfield-Greene County Health Department tailored the survey to collect specific health indicators. A Pearson Chi-Square statistical analysis of

the data was then performed to determine the statistical relationship between different data items. This analysis was not available at the time this assessment was published, but the full report will be published online at the Springfield-Greene County Health Department's Website.

- Overall, approximately 78% of respondents rated their health as good or excellent. However, about 21.2% of respondents indicated that their health was only fair or poor.
- Approximately 46% of Greene County survey respondents self-rated their weight as being slightly overweight or very overweight

**Table 21**

<b>Self-Rated Weight-Greene County, 2004</b>	
	<b>Percent</b>
Very Underweight	1.0
Slightly Underweight	5.0
About Right	48.0
Slightly Overweight	36.2
Very Overweight	9.8

Source: Community Health Survey 2004

Tobacco use has been shown to cause numerous types of cancer in many areas of the body; to contribute to heart disease, stroke, and other cardiovascular conditions; to exacerbate conditions such as diabetes and asthma; and has been linked to sudden infant death syndrome (SIDS).

- Survey results indicated that 24.9% of respondents smoked tobacco everyday, with 30% of males and 21.6% of females indicating that they smoked everyday.

**Table 22**

<b>Tobacco Smoking Questions-Greene County, 2004</b>			
	<b>Percent</b>		
	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
Have You Smoked at Least 100 Cigarettes in Your Life? (All Respondents)	49.6	49.1	1.3
Have You Tried to Quit Smoking in the Past 12 Months? (Current Smokers)	53.8	46.2	--
Does Your Place of Work Have an Official Smoking Policy? (All Employed Respondents)	62.0	34.4	3.6
Have You Ever Been Advised by a Physician or Health Care Provider to Quit Smoking? (Current Smokers)	53.8	46.1	--

Source: Community Health Survey 2004

**Table 23****Health Care and Health Insurance Questions-Greene County, 2004**

	<b>Yes</b>	<b>No</b>
Do You Have Health Insurance?	82.8	17.1
Do You Have Dental Insurance?	42.5	56.5
Do You Have a Personal Doctor or Health Care Provider?	74.9	24.9
Was There a Time in the Past 12 Months When You Tried to Get Medical Care But Couldn't?	11.1	88.4

Source: Community Health Survey 2004

- Among those who reported that they could not access routine health care when needed in the past year, cost was cited as the reason by 68% of respondents. Other common reasons included the office being closed (5.6%) and the provider not being able to speak the same language (16.9%).

**Table 24****Reason For Not Having Health Insurance-Greene County, 2004**

	<b>Percent</b>
Couldn't Afford	29.5
Lost Job	25.8
Employer Doesn't Offer/Quit Offering	12.1
Became Ineligible (Age, Left School)	3.0
Insurance Company Refused Coverage	2.3
Spouse/Parent Died	1.5
Divorce/Separated	1.5
Benefits From Employer Ran Out	1.5
Spouse/Parent Lost/Changed Jobs	1.5
Cut to Part Time, Became Temp. Employee	0.8
Lost Medical Assistance Eligibility	0.8
Other	19.7

Source: Community Health Survey 2004

- 31.4% of respondents without health insurance reported that they have been without health insurance for more than 5 years.
- The number of respondents who received a routine health care check-up within the past year was 74.4%, with 9.1% receiving a routine check-up within the last two years, and 8.2% indicating that a routine health care check-up was not within the past 5 years.

**Table 25**

<b>Length of Time Since Teeth Cleaned by Dentist or Dental Hygienist-Greene County, 2004</b>	
	<b>Percent</b>
Within Past Year	52.8
Within Past 2 Years	13.5
Within Past 5 Years	8.3
More Than 5 Years	19.5
Never	3.1
Don't Know	2.9

Source: Community Health Survey 2004

- Within the past year, 58.5% of respondents had visited the dentist, and 17% indicated that it had been longer than 5 years since they had visited the dentist with another 1.5% reporting that they never had been to the dentist.
- Of Greene County residents surveyed, 26.9% reported that they have had 1 to 5 teeth removed because of decay or gum disease, 9.9% of residents indicated that 6 or more permanent teeth had been removed and another 9.9% indicated that all of their teeth had been removed because of gum disease or decay.

Chronic diseases are those diseases that persist over an extended length of time and are often impacted by a person's behavior such as tobacco use, lack of exercise, and poor diet. One of the most important considerations for treating chronic diseases is early detection, so that treatment can begin early in the disease process.

**Table 26**

<b>Chronic Disease Prevention and Treatment-Greene County, 2004</b>		
	<b>Yes</b>	<b>No</b>
<b>Diabetes</b>		
Have You Taken a Course or Class to Learn How to Manage Your Diabetes?	56.1	42.1
Are You Currently Taking Insulin?	28.1	71.9
<b>Women's Health</b>		
Have You Had a Clinical Breast Exam?	86.2	11.9
Have You Ever Had a Pap Smear?	92.8	6.1
Have You Had a Hysterectomy?	22.7	76.6
<b>Men's Health</b>		
Have You Ever Had a Prostate Specific Antigen (PSA) Test?	25.6	70.7
Have You Ever Had a Digital Rectal Exam?	34.3	64.2
<b>Screening and Prevention</b>		
Have You Ever Had a Blood Stool Test Using a Home Test Kit?	25.9	72.6
Have You Ever Had a Sigmoidoscopy or Colonoscopy?	20.1	79.1
Are You Taking Medicine for Your High Blood Pressure?	69.5	30.5
Have You Ever Had Your Blood Cholesterol Checked?	70.0	27.1
Have You Ever Been Taught About HIV/AIDS in School?	43.0	16.6
Has a Physician Talked to You About Preventing STDs Through Condom Use?	17.2	82.3

Source: Community Health Survey 2004

- In Greene County, 11.4% of residents were identified with asthma and 7.1% were identified with diabetes.
- 29.1% of respondents reported being diagnosed with high blood pressure and 34.3% were diagnosed with high blood cholesterol.

**Table 27**

<b>Nutrition and Exercise Questions-Greene County, 2004</b>		
	<b>Yes</b>	<b>No</b>
Are You Eating Fewer High Fat and High Cholesterol Foods to Avoid Heart Disease and Stroke?	59.7	39.8
Are You Eating More Fruits and Vegetables?	77.2	22.6
Are You Trying to Lose Weight?	42.5	57.4
Are You Trying to Maintain Your Current Weight?	64.0	35.5
Are You Using Physical Activity or Diet To Lose or Maintain Weight?	57.5	41.9
Are You Being More Physically Active?	73.6	26.3
Have You Participated in Any Physical Activities or Exercises Besides Job in Past Month?	75.8	23.7

Source: Community Health Survey 2004

- 2.6% of those residents surveyed reported that they had seriously considered suicide in the past 12 months. Among those respondents who had seriously considered suicide, over 42% had planned their suicide and approximately 47% reported that they had attempted suicide at least once within the past 12 months.

**Table 28**

<b>Alcohol Consumption in Past 30 Days-Greene County, 2004</b>	
	<b>Percent</b>
No Alcohol Consumption in Past Month	60.3
Alcohol Consumption in Past Month	39.6

Source: Community Health Survey 2004

**Table 29**

<b>Alcohol Use and Vehicle Operation Within the Last Month-Greene County, 2004</b>		
<b>Number of Times</b>	<b>Drove % (n=320)</b>	<b>Rode With Someone Who Had Been Drinking % (n=786)</b>
0	88.8	95.3
1	5.0	1.9
2 or 3 times	3.1	1.8
4 or 5 times	0.9	0.3
6 or more times	2.2	0.8

Source: Community Health Survey 2004

- Among Greene County respondents, 34.5% indicated that they had consumed five or more drinks during a single episode of drinking in the past month.